

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 018 *****55.00

DOCUMENT # L02000030249

1. Entity Name

RANDALLCO, LLC



Principal Place of Business

**1634 - 32ND AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**1634 - 32ND AVENUE NORTH
ST. PETERSBURG FL 33713**

2. Principal Place of Business

5018 8TH AVE SO

Suite, Apt. #, etc.

3. Mailing Address

5018 8TH AVE SO

Suite, Apt. #, etc.

City & State

GULFPORT, FL

City & State

GULFPORT FL

Zip

33707

Country

FLORIDA

Zip

33707

Country

FLORIDA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GEORGE, J. RANDALL
1634 - 32ND AVENUE NORTH
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name **GEORGE, J. RANDALL**

Street Address (P.O. Box Number is Not Acceptable)

5018 8TH AVE SO

City

GULFPORT

FL

Zip Code

33707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **J. RANDALL GEORGE**
STREET ADDRESS **5018 8TH AVE SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
NAME **J. RANDALL GEORGE**
STREET ADDRESS **5018 8TH AVE SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUSTEE** ☐ Delete
NAME **J. RANDALL GEORGE**
STREET ADDRESS **5018 8TH AVE SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
NAME **J. RANDALL GEORGE**
STREET ADDRESS **5018 8TH AVE SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

J. RANDALL GEORGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**(727)
447-9334
4/30/03**

CR2E083 (10/02)

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