

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90587 017 ****55.00

0035697

DOCUMENT # L02000030304

1. Entity Name

RANDALL HOLDINGS OF PINELLAS, LLC



Principal Place of Business

1634-32ND AVE. NORTH
ST. PETERSBURG FL 33713

Mailing Address

1634-32ND AVE. NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business

5018 8th Ave So

3. Mailing Address

5018 8th Ave So

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

Zip

33707

Country

PINELLAS

Zip

33707

Country

PINELLAS

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name GEORGE J. RANDALL
Street Address (B.O. Box Number is Not Acceptable)
5018 8th Ave So

City

GULFPORT FL

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

J. RANDALL GEORGE

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/30/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **GEORGE, J. RANDALL**
STREET ADDRESS **1634-32ND AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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

4/30/03

Daytime Phone #

(727) 447-9334

CR2E083 (10/02)