

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90122 028 ***550.00

11-33-103 AT

DOCUMENT # L10592

1. Entity Name
RAND INVESTMENTS, INC.



Principal Place of Business
**7586 SW 90 AV
BUSHNELL FL 33513
US**

Mailing Address
**7586 SW 90 AV
BUSHNELL FL 33513
US**



2. Principal Place of Business
80 BULLANEER BEACH

3. Mailing Address
Same

City & State
PLACIDA FLA

City & State
Same

Zip
33946

Country
USA

4. FEI Number **59-2965730**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WEAVER, HENRY
7586 SW 90 AV
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

Name
WEAVER, HENRY

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

City
PLACIDA

State
FL

Zip Code
33946

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 *Henry Weaver* **HENRY WEAVER**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, HENRY 7586 NW 90 AV BUSHNELL FL 33513	<input checked="" type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, HENRY 80 BULLANEER BEACH PLACIDA FLA 33946	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry Weaver* **HENRY WEAVER** **7/15/03** **941-698-5050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)