

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90043 046 \*\*\*150.00

AUUUJJJJ



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L65742**

1. Entity Name  
**CHARLES P. RANDALL, P.A.**

Principal Place of Business <del>1800 S DIXIE HWY STE 500B</del> <del>ROYAL PALM TOWERS III</del> <del>BOCA RATON FL 33432</del> <del>US</del>	Mailing Address <del>1800 S DIXIE HWY #500</del> <del>BOCA RATON FL 33432</del> <del>US</del>
--	--

2. Principal Place of Business <b>SAME</b> → Suite, Apt. #, etc.	3. Mailing Address <b>BANK OF AMERICA TOWER, SUITE 500</b> Suite, Apt. #, etc. <b>150 E. PALMETTO PARK RD</b>
--	--

City & State City & State <b>BOCA RATON, FL</b>	4. FEI Number <b>65-0199924</b>	Applied For <input type="checkbox"/> Not Applicable
---	---------------------------------	--

Zip <b>33432</b>	Country <b>PALM BEACH</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---------------------	------------------------------	---

6. Name and Address of Current Registered Agent

**RANDALL, CHARLES P.**  
~~1800 S DIXIE HWY~~  
~~SUITE 500~~  
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**BANK OF AMERICA TOWER, SUITE 500**  
**150 E. PALMETTO PARK RD**  
**BOCA RATON FL** Zip Code **33432**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE P/D	<input type="checkbox"/> Delete
NAME RANDALL, CHARLES P.	
STREET ADDRESS 1800 S DIXIE HWY #500	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**BANK OF AMERICA TOWER, SUITE 500**  
**150 E. PALMETTO PARK RD**  
**BOCA RATON, FL 33432**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ChPR Date: 1/5/01 Daytime Phone #: 561-750-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

