## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2002 8:00 am Secretary of State DOCUMENT # P00000048626 1. Entity Name RANDALL CONSULTING SERVICES, INCORPORATED 03-11-2002 90054 010 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 1598 3880 PARADISE BAY DRIVE **GULF BREEZE FL 32562 GULF BREEZE FL 32561** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc EI# 59-3708258 4. FEI Number Applied For City & State APPLIED FOR Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -**BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 33139-0000 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.: OFFICERS AND DIRECTORS 12. ☐ Addition DN ☐ Delete TITLE ☐ Change TITLE NAME NAME RANDALL, WILLIAM M STREET ADDRESS STREET ADDRESS 3880 PARADISE BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE, FL 32561** ☐ Change ☐ Addition TITLE TITLE ☐ Delete D/P NAME NAME RANDALL, KATHERINE G STREET ADDRESS STREET ADDRESS 3880 PARADISE BAY DRIVE CITY-ST-7IP CITY-ST-ZIP **GULF BREEZE FL 32561** D. Change Addition . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

**FILED**