FILED

Aug 27, 2003 8:00 am Secretary of State

08-27-2003 90079 018 ***550.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P0100002056

DOCUMENT # 1. Entity Name

RANDY ST. JEAN, P.A.



Principal Place of Business	Mailing Address				
751-7 EAST COCO PLUM CIRCLE	751-7 EAST COCO PLUM CIRCLE PLANTATION FL 33324				
PLANTATION FL 33324					
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2. Principal Place of Business	3. Mailing Address				
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2. Principal F	Place of Business	3. Mailing Address				T (\$81(88) III 46) 01 (18)(96)(4 69)(1)	1811; 88(() 68 (10)) 61; 88()	if Bajan n ian 1881	
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF	MAKING CHANGES	3	
City & Star	& State City & State				4. F	65-1065856	· -	Applied For	
Zip	Country	Zip Cour		/	5. (5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ST. JEAN, RANDY 751-7 EAST COCO PLUM CIRCLE PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)					
) N		······································		City			FL Zip Co		
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent an			office or regi			a. I am familiar with	, and accept	
After Se	ILE-NOW!!!-FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of	00	an baaran			9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		. AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. JEAN, RANDY 751-7 EAST COCO PLUM CIRCLE PLANTATION FL 33324	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-ST	ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET: :- CITY-ST	ADDRESS	-		☐ Change ;	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET	ADORESS -ZIP	<u>-</u>		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS -ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	`	☐ Delete	TITLE NAME STREET	ADDRESS			☐ Change	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:

Date