2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000058754 DOCUMENT

1. Entity Name



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

04-02-2003 90111 048 ***150.00

Principal Place of Business Public Publi	AT RAND	OM CHARTERS, INC.						
Suite, Apt. 4 atc. Suite, Apt. 4 atc. Suite, Apt. 4 atc. City & State City & State City & State City & State A FEI Number 59-3723528 Applicate Sa.75 Additional Receptor Regulatored Agent Receptor	122 S PALM		P.O.BOX 22					
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Secondary Zap Country Secondary	Suite, Apt	. #, etc.	Suite, Apt. #, etc.			□ CHECK HERE IF MAKI	NG CHANGES	}
Special Country Zip Country Special Coun	City & State		City & State			4. FEI Number 59-3723528 Applied For Not Applied For		
S. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST JOE FL 32456 City FL Zip Code 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 Fonda. I am familiar with, and accept the obligations or registered agent, when or printer or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, when or printer or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, when or printer or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the proper of the obligation	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Ad	ditional
COSTIN, CHARLES A- 413 MILLIAMS AVE PORT ST JOE FL 32456 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State 10.		6. Name and Address of Currer	nt Registered Agent		1	7. Name and Address of New Registere		
A13 WILLIAMS AVE PORT ST JOE FL 32456 City FL Zio Code					Name			
### PORT ST JOE FL 32456 City				Street Address		(P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. Signature	· · · · · · · · · · · · · · · · · · ·				Officer Address (1.0. Box Number is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and still a policiable. SIGNATURE	PORT ST	JOE FL 32456						
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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 fine and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director		Certify that the information supplied with	th this filing does not all all file			action 119 07(3)(i) Florida Statutas I further	partify that the	information

of the corporation of the receiver of changed, or on an attachment with execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if