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Jun 30, 2003 8:00 am
Secretary of State
05-06-2003 90052 015 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000088677

1. Entity Name
RANDY ARCHER, PA

55050282

[redacted]

[redacted]

Principal Place of Business	Mailing Address
12945 SW 34TH PLACE DAVIE, FL 33330	12945 SW 34TH PLACE DAVIE, FL 33330

mailing

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 268056 Suite, Apt. #, etc.
City & State	City & State: Weston Florida
Zip / Country	Zip: 33326 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 56-2290136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHER, RANDY
12945 SW 34TH PLACE
DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name: RANDY ARCHER
Street Address (P.O. Box Number is Not Acceptable): 6171 SW 37 ct
City: DAVIE FL FL 33314

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 _____ DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARCHER, RANDY 12945 SW 34TH PLACE DAVIE, FL 33330 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Archer Randy ☐ Change ☐ Addition PO Box 268056 Weston Fl 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RANDY ARCHER PRES. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Randy Archer ☐ Change ☐ Addition 2400 N Commerce Pkwy #108 Weston Fl 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Place of Business ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RANDY ARCHER ☐ Change ☐ Addition 6171 SW 37 Ct DAVIE FL 33314
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 5/1/03 9547049663
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #