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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

P24772 03 MAY -9 PM 3: nn P24772 DOCUMENT # 1. Entity Name SEUNLIARY OF STATE TALLAHASSEE, FLORIDA RAND INDUSTRIES, INC., A NEW HAMPSHIRE CORPORATI Principal Place of Business Mailing Address 11062101 28 POND STREET 2240 SW 70TH AVE NASHUA NH 03060 SUITE H DAVIE FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4, FEI Number Applied For 04-2313958 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ruelle, Mark J. Street Address (P.O. Box Number is Not Acceptable) 6842 NW 1084 Ave. Parkland, FI. City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PTD ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/02) NAME NAME RAND, MORRIS M 3055 HARBOR DRIVE #2202 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FT. LAUDERDALE FL 33316 ☐ Addition TITLE **VS** ☐ Defete TITLE ☐ Change NAME RUELLE, MARK J NAME STREET ADDRESS STREET ADDRESS 6842 NW 108TH AVE CITY, ST. 7IP CITY-ST-70 PARKALND FL 33076 Addition DRE Oelete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 mixture and 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 my large that the information indicated on this report is true and accurate and that my name appears in Block 10 or Block 11 if