

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000061439

1. Entity Name

RANDAL L. SCHECTER, P.A.



Principal Place of Business

175 W GRANADA BLVD
SUITE 201
ORMOND BEACH FL 32174-6362

Mailing Address

175 W GRANADA BLVD
SUITE 201
ORMOND BEACH FL 32174-6362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number
59-3263262

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECTER, RANDAL L
175 W GRANADA BLVD
SUITE 201
ORMOND BEACH FL 32174-6362

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SCHECTER, RANDAL L
STREET ADDRESS 175 W GRANADA BLVD, SUITE 201
CITY- ST- ZIP ORMOND BEACH FL 32174-6362

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP 0000000014254
01/27/04-80016-011 150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randal L. Schechter, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randal L. Schechter, Pres.
Date

01/27/04

(386)672-25
Daytime Phone #