

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90436 036 \*\*\*150.00

DOCUMENT # **P95000012614**

1. Entity Name

**RANDALL & RANDALL INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3151 W. BEAVER ST**

3. Mailing Address

**6508 KIN LOCK DR. W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**JAX FLA.**

City & State

**JAX FLA**

4. FEI Number

**59-3365379**

Applied For

Not Applicable

Zip

**32205**

Country

**DUVAL**

Zip

**32219**

Country

**DUVAL**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**SHERMAN L. RANDALL**

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

**6508 KIN - LOCK DR. W.**

City

**JACKSONVILLE**

FL

Zip Code

**32219**

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. **I AM RETIRING FROM THE POSITION AS PRESIDENT OF THE COMPANY DUE TO ILLNESS.**

SIGNATURE

**Sherman L. Randall**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
DORIS RANDALL  
6508 KIN LOCK DR W  
JAX FLA 32219**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**(VP) VICE PRESIDENT  
JACQUILINE CLARK  
7919 DWYERS DRIVE  
JAX FLA 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Doris L. Randall**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/04**  
Date

Daytime Phone #

CR2E034B (12/02)