2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000018899 Mar 14, 2000 8:00 am **Secretary of State** RANDALL TAXIDERMY, INC. 03-14-2000 90030 038 ***150.00 Principal Place of Business Mailing Address P O BOX 104 41444 S.R. 19 NORTH ALTOONA FL 32702-0104 UMATILLA FL 32784 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3363527 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RANDALL, CHARLOTTE Street Address (P.O. Box Number is Not Acceptable) 41444 S.R. 19 NORTH UNIT **UMATILLA FL 32784** Zip Code FL 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE RANDALL, CHARLOTTE NAME NAME STREET ADDRESS STREET ADDRESS 16714 KEENE ROAD CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL 32784** PRESIDENT Change ☐ Addition ☐ Delete TITLE. RANDALL, RODE. 41444 S.R. 19 NORTH NAME RANDALL. ROD E NAME STREET ADDRESS 41444 S.R. 19N. UNIT 1 STREET ADDRESS CITY-ST-ZIP UMATILLA FL 32784 CITY-ST-ZIP **UMATILLA FL 32784** ☐ Addition Delete TITLE ☐ Change TITLE NAMÉ RANDALL, PENNY S NAME STREET ADDRESS 41444 S.R. 19 N., UNIT 1 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **UMATILLA FL 32784** Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Render Randell 3/3/00 352-669-2441