

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90038 004 ***150.00

DOCUMENT # P96000018899

1. Entity Name
RANDALL TAXIDERMY, INC.

Principal Place of Business

**41444 S.R. 19 NORTH
 UMATILLA FL 32784**

Mailing Address

**P O BOX 104
 ALTOONA FL 32702
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

40335 E 9th Ave

Suite, Apt. #, etc.

City & State

Umatilla, FL

Zip

32784

Country

US

4. FEI Number

59-3363527

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RANDALL, CHARLOTTE
 41444 S.R. 19 NORTH
 UNIT
 UMATILLA FL 32784**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **RANDALL, CHARLOTTE**
 STREET ADDRESS **16714 KEENE ROAD**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **P** Delete
 NAME **RANDALL, ROD E**
 STREET ADDRESS **41444 S.R. 19N, UNIT 1**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **VP** Delete
 NAME **RANDALL, PENNY S.**
 STREET ADDRESS **41444 S.R. 19 N., UNIT 1**
 CITY-ST-ZIP **UMATILLA FL 32784**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other ~~it~~ empowered.

SIGNATURE:

Penny S Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

3526620744

Daytime Phone #

CR2E034 (10/00)