2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am DOCUMENT # P96000045972 Secretary of State RANDALL'S WAX WORKS, INC. 01-29-2000 90010 033 ***150.00 Mailing Address Principal Place of Business 389 SOUTH CENTRAL AVENUE 389 SOUTH CENTRAL AVENUE UMATILLA FL 32784-9572 **UMATILLA FL 32784** 910018 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City'& State 59-3384065 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANDALL, CHARLOTTE Street Address (P.O. Box Number is Not Acceptable) 389 SOUTH CENTRAL AVENUE **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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition TITLE Delete RANDALL, ANTHONY S NAME NAME STREET ADDRESS 389 SOUTH CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL 32784** ☐ Change ☐ Addition TITLE ☐ Delete TITLE RANDALL, EMERY NAME NAME 389 SOUTH CENTRAL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL 32784** Delete Change Addition TITLE RANDALL, CHARLOTTE NAME NAME 389 S CENTRAL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL** ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: Charlette Kandelle Charlotte Rangale 125/00 352-669-2441

changed, or on an attachment with an address, with all other like empowered.