## **2001 UNIFORM BUSINESS REPORT (UBR)** Feb 03, 2001 8:00 am DOCUMENT # P97000038179 Secretary of State RANDALL DIRECT, INC. 02-03-2001 90299 013 \*\*\*150.00 Principal Place of Business Mailing Address 10901 REGENT CIRCLE 10001 REGENT CIRCLE NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address 18461 CREEK DRIVE 18461 CREEK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State FORT MY ERS City & State 4. FEI Number Applied For 59-3443401 FORT MYERS Not Applicable Country L/SA Country \$8.75 Additional 33908 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, THERESA RANDALL, THERESA W Street Address (P.O. Box Number is Not Acceptable) 10801 REGENT CIRCLE NAPLES FL 34109 18461 CREEK DRIVE 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. JL DROW TW RANDALL PRESIDENT 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П 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. **QL**Change Addition TITLE ☐ Delete TITLE RANDALL, THERESA W RANDALL, THERESA W NAME NAME IBHIDI CREEK DRIVE STREET ADDRESS STREET ADDRESS 10801 REGENT CIRCLE FURT MYERS FL 33908 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

THERESA W RANDALL 1/30/01 941 415 9160

☐ Change

☐ Addition