FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P98000068821 RANDALL CONSTRUCTION GROUP, INC. 05-17-2001 91321 015 \*\*\*150.00 Principal Place of Business Mailing Address 1045 S FAIRFIELD OR 1045 S FAIRFIELD DR PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3531758 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDALL, HENRY E Street Address (P.O. Box Number is Not Acceptable) 1045 S FAIRFIELD DR PENSACOLA FL 32506 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. ☐ Delete TITLE ☐ Change Addition TITLE RANDALL, HENRY E NAME NAME 900 PARADISE BEACH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP PENSACOLA FL 32506 Change TITLE . Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition 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 changed, or on an attachment with an address, with all other like empowered.