

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018546

1. Entity Name
RANDPORT INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90006 043 ***150.00

Principal Place of Business

~~3505 W. ATLANTIC BLVD~~
~~SUITE 814~~
~~POMPANO BEACH FL 33069~~

Mailing Address

~~3505 W. ATLANTIC BLVD~~
~~SUITE 814~~
~~POMPANO BEACH FL 33069~~

2. Principal Place of Business

3532 DUNES VISTA DR
Suite, Apt. #, etc.

3. Mailing Address

900 R. ATLANTIC BLVD
Suite, Apt. #, etc.
SUITE 17



DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

4. FEI Number
65-0908201

Applied For
Not Applicable

Zip
33069

Country
USA

Zip
33060

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, RANDY
3505 W. ATLANTIC BLVD
SUITE 814
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3532 DUNES VISTA DR
City
POMPANO BEACH FL Zip Code
33069

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 *Randy Schneider*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PSTD
RANDY SCHNEIDER
3532 DUNES VISTA DR
POMPANO BEACH FL 33069

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.

SIGNATURE: *Randy Schneider*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-00
Date

954-968-2060
Daytime Phone #

CR2E034 (5/00)

8-02-00

This letter is in regards
of the renewal of my
company RandPort Inc.

Seven months after I
was incorporated my address changed.
I did not receive my first business
renewal form but then received
the second notice.

I then called division of corporations
and was told to write this statement
and send it in A.S.A.P. with a
payment of \$150.00

Thank you for your concern and help
in this matter.

Best Regards
Randy R. Schneider
RandPort Inc.