

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91283 015 ***150.00

003140 AV

DOCUMENT # P99000031095

1. Entity Name

BETTER DRIVER EDUCATION, INC.



Principal Place of Business
**10518 OTTER CREEK DRIVE
JACKSONVILLE FL 32222**

Mailing Address
**10518 OTTER CREEK DRIVE
JACKSONVILLE FL 32222**

2. Principal Place of Business

1379 FALKIRK CT

3. Mailing Address

1379 FALKIRK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32221

Country

DUVAL

Zip

32221

Country

4. FEI Number

59-3605015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RANDOLPH, GARRY W
10518 OTTER CREEK DRIVE
JACKSONVILLE FL 32222**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1379 FALKIRK CT

City

JACKSONVILLE

FL

Zip Code

32221

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **RANDOLPH, GARRY**
STREET ADDRESS **10518 OTTER CREEK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **V** ☐ Delete
NAME **RANDOLPH, GINGER**
STREET ADDRESS **10518 OTTER CREEK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1379 FALKIRK CT**
CITY-ST-ZIP **32221**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1379 FALKIRK CT**
CITY-ST-ZIP **32221**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GARRY W. RANDOLPH

4-25-03

**(904)
549-1315**

Date

Daytime Phone #

CR2E034 (10/02)