## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000055408 May 15, 2000 8:00 am Secretary of State 1. Entity Name RANDALL C. FULLEM, P.A. 03-20-2000 90008 013 \*\*\*150.00 Principal Place of Business Mailing Address 1120 SERENADE STREET NW 1120 SERENADE STREET NW -\_ - BAY FL 32907 PALM BAY! FL 32907-5941 2. Principal Place of Business 3. Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 9 3582632 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FULLEM, RANDALL C Street Address (P.O. Box Number is Not Acceptable) 1120 SERENADE STREET NW PALM BAY FL 32907 Zip Code City 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 DATE Signature, typed or printed name of registered agant 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 16. 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 Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT ☐ Addition CR2E034 (9/99 TITLE RESIDENT mr ☐ Delete RANDAU C FULLEM RANDALL C. FULLEM NAME NAME 1120 SERENADE ST NW IIZO SERBNADE ST NW STREET ADDRESS STREET ADDRESS PALMBAY FL 32907 CITY-ST-ZIP CITY-ST-ZIE PALM BAY FL 32907 ☐ Change Addition ERRETART TITLE ☐ Delete TITLE RANDALL CFULLEM NAME NAME 1120 SERENAUE STNW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P PALM BAY FL 32907 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change . Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE

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.

STREET ADDRESS City-St-Zip

SIGNATURE:

NAME STREET ADDRESS

PANA CELL PROMET RANDAU CFULLEM PASS 3/1.

321-723-0055

Daytime Phone #