2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # P9900055408 1. Entity Name RANDALL C. FULLEM, P.A.						Mar 06, 2001 8:00 am Secretary of State 03-06-2001 90309 024 ***150.00			
						<u> </u>	03-06-2001	90309 024 ****130).00
Principal Place of Business 1120 SERENADE STREET NW PALM BAY FL 32907			Mailing Address 1120 SERENADE STREET NW PALM BAY FL 32907			· ~ U I ()			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt.			Suite, Apt. #, etc. 3580 BIG PINE RO			DO NOT WRITE IN THIS SPACE			
City & State City & State					-	4. FEI Number 59-3582632 Applied For			
Zip Country			Zip Country			Not Applicable			
3293	4 US		32934	<u>"U'S</u>		<u></u>	ficate of Status Desired	Fee Requi	
	6. Name and Addres	ss of Current He	Jistered Agent	Nan	ne RAA		LL C. FU	LCEM	
FULLEM, RANDALL C 1120 SERENADE STREET NW PALM BAY FL 32907					et Address (3580	P.O. Box N BIG	Number is Not Acceptab	(e)	
				City	MBLI	Roull	พร	FL Zip Co	de
8. The above	named entity submits thi	s statement for th	e purpose of changing i						13.7
SIGNATURE .	Podulos Signature, typed or printed name of	of registered agent and t	RANDA	Au c Fo	JUSA signature required	n Pi	LES	2/28/01 DATE	
Tax filing	oration is eligible to satisfy requirement and elects to ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat				Election Campaign Fi Trust Fund Contribution		00 May Be ed to Fees	
11.		FICERS AND DIF		12.	100	ADDITI	ONS/CHANGES TO OF		
NAME STREET ADDRESS CITY-ST-ZIP	PS FULLEM, RANDALL (1120 SERENADE ST PALM BAY FL 32907	. NW	☐ Delete	TITLE NAME STREET ADDRI	ρς Fυ 358	LLEM SO BIG	, RANDALL C. PENE RD LNB. FL 329	Change	Addition
TITLE	TALIN DATE TO SECON		☐ Delete	TITLE		~10 6 - F	4VE FC 3-1	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		•	· =- ·	NAME STREET_ADDRI CITY-ST-ZIP	ESS		· · · · · · · · ·	<u>-</u>	
TITLE	*-	 .	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME Street Addri City-St-Zip	ESS				
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRE	ESS				
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			·	STREET ADDRE	ESS				
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADORE	ess			_	
indicated of the cor	certify that the information on this report or supplem poration or the receiver of or on an attachment with	iental report is tru r trustee empowe	e and accurate and that red to execute this repo	t my signature sh rt as required by	all have the :	same lega	effect as if made under	oath: that I am an office	er or director or Block 12 if

NAME OF SIGNING OFFICER OR DIRECTOR