## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Aug 21, 2003 8:00 am Secretary of State		
DOCU	MENT # <b>P9900</b>	0105698 /					
1. Entity Nar	RAND, INC.	0.00000			08-21-2003 90106 019 ***550.00	0	
Principal Place of Business         Mailing Address           17165 WATERBEND DR         17165 WATERBEND DR           #207         #207           JUPITER FL 33477         JUPITER FL 33477							
2. Principal Place of Business 30 Magewoo Ctacle 30 Magling Address Suite, Apt. #, etc.  Suite, Apt. #, etc.			W000 C1			0101 (TI) (US)	
City & Sta		City & State Tegnesta	Fc.		D37U80D3UU <del>                                   </del>	olied For Applicable	
3341	O G Obuntry	-33469	Country		5. Certificate of Status Desired   \$8.75 Addi Fee Required		
	6. Name and Address of Current F	legistered Agent	Name		7. Name and Address of New Registered Agent		
HUMPYRI 17165 W JUPITER		Street Add	Street Address (P.O. Bax Number is Not Acceptable)				
City Terry				nesta FL Zieson	11.9		
8. The above named entity submits this salement for the purpose of charging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations diegistered agent.							
SIGNATURE Signature Typed or printed name of registered agent and title if approache. (NOTE: Registered Agent signature retuired when reinstating)  DATE							
After Se	FILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 k Payable to Florida Department of				9. Election Campaign Financing \$5.00 Trust Fund Contribution.   Added to	May Be to Fees	
10.	OFFICERS AND D	<del></del>	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUMPHREY, KEVIN 17165 WATERBEND DR #207 JUPITER FL 33477	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	30	, Ridgewood circle equesta, FC. 33469	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
12. I hereby of indicated	certify that the information sopplied with to on this report or supplemental report is t	his filing does not qualify for the rue and accurate and that my	herexemption stated	d in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the inframe legal effect as if made under oath; that I am an officer o	ormation r director	