

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90019 030 \*\*\*150.00

**DOCUMENT # P99000107462**

1. Entity Name  
**RANDY'S AUTO SPECIALIST, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>1834 N. GOLDENROD ROAD<br/>ORLANDO FL 32807</b> | Mailing Address<br><b>1834 N. GOLDENROD ROAD<br/>ORLANDO FL 32807</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |



DO NOT WRITE IN THIS SPACE

|   |   |   |
|---|---|---|
| 4. FEI Number<br><b>59-3623194</b>                        | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |   |

|  |  |             |
|--|--|-------------|
| <b>6. Name and Address of Current Registered Agent</b>               | <b>7. Name and Address of New Registered Agent</b> |             |
| <b>HARRISON, RICHARD R<br/>7530 LIZANNE CT.<br/>ORLANDO FL 32807</b> | Name   |             |
|  | Street Address (P.O. Box Number is Not Acceptable) |             |
|  | City   | FL Zip Code |

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |   |                                    |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                             |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |  |
|----------------------------|-----------------------------|---------------------------------|--|---|--|---|--|
| TITLE                      | <b>Vice President</b>       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>Richard R. Harrison</b>  |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>7530 Lizanne Ct.</b>     |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>Orlando, FL 32807</b>    |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | <b>President</b>            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>Johannie C. Harrison</b> |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | <b>7530 Lizanne Ct.</b>     |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | <b>Orlando, FL 32807</b>    |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                             |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                             |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                             |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP   |  |   |  |

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: Richard R. Harrison **Richard R. Harrison** on 3/8/00 407-2826760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)