## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address P.O. BOX 291620

DAVIE FL 33329

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## F39175 **DOCUMENT #**

1. Entity Name

P.O. BOX 291620

DAVIE FL 33329

Principal Place of Business

2. Principal Place of Business

BAKER SR, THOMAS W

1005 US HIGHWAY 27 FORT LAUDERDALE FL 33329

Suite, Apt. #, etc.

City & State

Zip

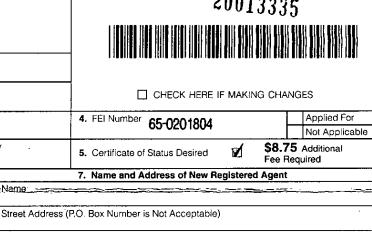
ANDYTOWN ENTERPRISES, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90163 016 \*\*\*158.75

20013335



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

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER SR, THOMAS W 11601 NW 4TH STREET PLANTATION FL	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, VIRGINIA A 11601 NW 4TH STREET PLANTATION FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	. ಹಾರ್ಬ್ ಪ್ರಾಥಾ ಪ್ರತಿ ಕ್ಷಾಣಕ್ಕೆ ಪ್ರಾಥಾ ಪ್ರತಿ ಕ್ಷಾಣಕ್ಕೆ ಪ್ರಾಥಾ ಪ್ರತಿ ಕ್ಷಾಣಕ್ಕೆ ಪ್ರಾಥಾ ಪ್ರತಿ ಕ್ಷಾಣಕ್ಕೆ ಪ್ರತಿ ಪ್ರತಿ ಕ್ಷಾಣಕ್ಕೆ ಪ್ರಾಥಾ ಪ್ರತಿ ಪ್	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 7IP		☐ Change	Addition

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