

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90074 019 ***150.00

DOCUMENT # **P01000026419**

1. Entity Name
ROGER DANDY & ASSOCIATES, INC.

Principal Place of Business Mailing Address
23 WALKERS RIDGE DRIVE 23 WALKERS RIDGE DRIVE
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 148**
 Suite, Apt. #, etc.

City & State **Ponte Vedra Beach, FL** 4. FEI Number **59-3758352** Applied For
 Not Applicable

Zip **32004** Country **U.S.A** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
K. AMANDA DANDY		Name	
23 WALKERS RIDGE DRIVE		Street Address (P.O. Box Number is Not Acceptable)	
PONTE VEDRA BEACH FL 32082		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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2002	
TITLE PSD <input type="checkbox"/> Delete	NAME W. ROGER H. DANDY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23 WALKERS RIDGE DRIVE	CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	STREET ADDRESS	
TITLE VTD <input type="checkbox"/> Delete	NAME K. AMANDA DANDY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23 WALKERS RIDGE DRIVE	CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

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: **W. R. DANDY** **March 7, 2002** **904-631-7186**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)