

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90329 001 \*\*\*150.00  
04-02-2003 90329 002 \*\*\*\*\*8.75

DOCUMENT # P02000127750

1. Entity Name

ANDY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
19416 Via Del Mar

3. Mailing Address  
19416 Via Del Mar

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

#105

City & State  
Tampa, Florida

City & State  
Tampa, Florida

4. FEI Number  
56-2306840

Applied For  
Not Applicable

Zip Country  
33647 USA

Zip Country  
33647 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
O'Connor, Patrick M. Esquire

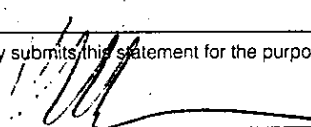
Street Address (P.O. Box Number is Not Acceptable)  
O'Connor & Associates

2240 Belleair Road, Suite 160

City FL Zip Code  
Clearater 33764

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2-25-03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME D S  
STREET ADDRESS Thakker, Amit B.  
CITY-ST-ZIP 19416 Via Del Mar #105  
Tampa, Florida 33647

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME P T  
STREET ADDRESS Thakker, Nita-A  
CITY-ST-ZIP 19416 Via Del Mar #105  
Tampa, Florida 33647

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nita A. Thakker, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-03 813-973-4107

Date

Daytime Phone #