

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90011 022 ***550.00
 01-24-2000 90271 009 ***150.00

DOCUMENT # P98000102531

1. Entity Name
ANDREW & ATILA, INC.

Principal Place of Business CHATEAUX DE VILLE #1556 CLEARWATER FL 33764	Mailing Address CHATEAUX DE VILLE #1556 CLEARWATER FL 33764
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0918139	APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**KOVACS, LASZLO
 29127 RIVERGATE RUN
 WESLEY CHAPEL FL 33543**

7. Name and Address of New Registered Agent
 Name: **ATILA Bolyki / MARIA LUKACS**
 Street Address (P.O. Box Number is Not Acceptable): **1556 CHATEAUX DE VILLE**
 City: **Clearwater** FL Zip Code: **33764**

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: **ATILA Bolyki / MARIA LUKACS** Maria Lukacs president DATE: **7/15/00**
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.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUKACS, MARIA 1556 CHATEAUX DE VILLE CT. CLEARWATER FL 33764	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOVACS, LASZLO 29127 RIVERGATE RUN WESLEY CHAPEL FL 33543	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUKACS, MARIA 1556 CHATEAUX DE VILLE CT CLEARWATER FL 33764	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUKACS, MARIA 1556 CHATEAUX DE VILLE CT CLEARWATER FL 33764	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDRA'S ("Andrew") Bolyki 1556 CHATEAUX DE VILLE Clearwater, FL, 33764	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **[Signature]** DATE: **7/15/00** (727) 524-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)