

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91351 013 ***150.00

DOCUMENT # **S00269**

1. Entity Name

Andalusia Woods Development Inc.

DO NOT WRITE IN THIS SPACE

669528

2. Principal Place of Business

3501 Del Prado Blvd.

3. Mailing Address

3501 Del Prado Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

City & State

Cape Coral FL

Cape Coral FL

Zip

Country

Zip

Country

33904

USA

33904

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0222322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph Schuchter

Street Address (P.O. Box Number is Not Acceptable)

910 Gallagher + Co. PA

3501 Del Prado Blvd. Suite 204

City

Cape Coral

FL

Zip Code

33904

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph Schuchter

Joseph Schuchter

4/30/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐

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 STREET ADDRESS CITY-ST-ZIP	P Joseph Schuchter 3501 Del Prado Blvd; Suite 204 Cape Coral FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Schuchter

Joseph Schuchter

4/30/02

(941) 542-4400