

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90086 007 \*\*\*150.00

0419122

**DOCUMENT # 284091**

1. Entity Name  
**ANDREWS ENTERPRISES INC**

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>2290 S.E. LAUREL RUN DRIVE<br>OCALA FL 34471<br>US | Mailing Address<br>2290 S.E. LAUREL RUN DRIVE<br>OCALA FL 34471<br>US |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

00006194



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                                           |  |                                       |  |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-1095097</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                           |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                                           |  |                                       |  |

|                                                                            |  |  |  |                                                    |  |    |  |
|----------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|----|--|
| 6. Name and Address of Current Registered Agent                            |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| <b>ANDREWS, RICHARD L.</b><br>2290 S.E. LAUREL RUN DRIVE<br>Ocala FL 34471 |  |  |  | Name                                               |  |    |  |
|                                                                            |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|                                                                            |  |  |  | City                                               |  | FL |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                                                                                                                       |                                                                                                                                         |                                                                                   |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                            |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                                                   |  |
|----------------------------|----------------------------|---------------------------------|--|-------------------------------------------------------|--|-------------------------------------------------------------------|--|
| TITLE                      | P                          | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ANDREWS, R. L.             |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             | 2290 S.E. LAUREL RUN DRIVE |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                | OCALA FL                   |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      | VP                         | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ANDREWS, R. JEFF           |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             | 645 SW 48 ST RD            |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                | OCALA FL                   |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      | ST                         | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ANDREWS, SCOTTY J.         |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             | 1239 SE 11 ST.             |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                | OCALA FL                   |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |

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: **R. L. ANDREWS** 1/8/01 352-629-5109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)