## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 278729** ANDREWS DRUGS INC 02-08-2001 90180 034 \*\*\*150.00 Principal Place of Business Mailing Address RT. 4 BOX 1038 RT. 4 BOX 1038 STARKE FL 32091 STARKE FL 32091 714367 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1036783 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREWS, L.E. Street Address (P.O. Box Number is Not Acceptable) RT. 4 BOX 1038 STARKE FL 32091 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change ☐ Addition TITLE TITLE NAME ANDREWS, L.E. NAME STREET ADDRESS STREET ADDRESS RT. 4 BOX 1038 CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 ☐ Delete TITLE Change ☐ Addition NAME ANDREWS, FAYE NAME STREET ADDRESS RT. 4 BOX 1038 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ Addition Delete TITLE TITLE 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. ANDREWS 2-6-01

FILED