


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90177 033 ****61.25

DOCUMENT # N30898	
1. Entity Name 1508 SOUTH HOWARD PROPERTY OWNERS, INC.	


Principal Place of Business C/O ANDOVER PROPERTIES INC 5008 W LINEBAUGH AVE #15 TAMPA FL 33624 US	Mailing Address C.O ANDOVER PROPERITES INC 5008 W LINDBAUGH AVE. #15 TAMPA FL 33624 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2957506	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ANDOVER PROPERTIES INC 5008 W LINEBAUGH AVE SUITE 15 TAMPA FL 33624	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	SHIVERDECKER, BOB
STREET ADDRESS	1508 S HOWARD AVE UNIT G
CITY-ST-ZIP	TAMPA FL 33606
TITLE	VP <input type="checkbox"/> Delete
NAME	KANIGSBERG, MARTIN
STREET ADDRESS	1508 S HOWARD AVE UNIT A
CITY-ST-ZIP	TAMPA FL 33606
TITLE	DS <input type="checkbox"/> Delete
NAME	BARNES, DENISE
STREET ADDRESS	1508 S. HOWARD AVE UNIT E
CITY-ST-ZIP	TAMPA FL 33606
TITLE	TD <input type="checkbox"/> Delete
NAME	PALMER, ADAM
STREET ADDRESS	1508 S. HOWARD AVE #D
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Barnes SIGNATURE REQUIRED: SLC 2-3-03 901-5088

CR2E037 (10/02)