

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90273 039 \*\*\*150.00

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**DOCUMENT # L02000014584**

1. Entity Name

**ANDREWS INVESTMENTS, LLC**



Principal Place of Business

#7 TOWN CENTER LOOP UNIT C14  
SANTA ROSA BEACH FL 32459

Mailing Address

#7 TOWN CENTER LOOP UNIT C14  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

**P.O. Box 405**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DEFUNIAK SPRINGS, FL**

Zip

Country

**32435**

**USA**

4. FEI Number

**30-0160795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WATSON, FRANKLIN H P.A.  
5365 E COUNTY HIGHWAY 30A STE. 105  
SEAGROVE BEACH FL 32459**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**President**  
**ANGUS G. ANDREWS**  
**PO BOX 405**  
**DEFUNIAK SPRINGS, FL 32435**

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10. ADDITIONS/CHANGES

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Angus G. Andrews*

**ANGUS G. ANDREWS**

Date

**4-29-03**

Daytime Phone #

**850-892-9654**

CR2E083 (10/02)