

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # 415777

1. Entity Name

Andrew's Answering Service, Inc.

00 JUN 27 PM 2:52

Principal Place of Business

Mailing Address

1133 Myers Park Dr

Same

Tallahassee, Florida 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1427921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Elwin Thrasher, Sr.

Name

Elwin Thrasher, Sr.

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

909 N. Gadsden

City

Tallahassee

FL

Zip Code

32203

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)

6-26-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Carol A. Liddy
CITY-ST-ZIP 1133 Myers Park Dr
Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003314146--0
CITY-ST-ZIP -07/06/00--01004--008
****150.00 ****150.00

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS Amy L. Williams
CITY-ST-ZIP 11008 Brightside Dr
Tampa, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carol A. Liddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-00

Date

850-878-3928

Daytime Phone #

CR2E034 (9/99)

2-26-00

Attachment

415777

To Whom It May Concern:

Re: Andrews Answering Service, Inc ID 59-1427921

Due to an incorrect address, I did not receive my year 2000 Certification Form.

Carol Liedy,
President

Andrews Ans. Service, Inc