

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90044 024 \*\*\*150.00

**DOCUMENT # 542063**

1. Entity Name

**ANDY'S PLANT AIDS, INC.**

Principal Place of Business

**1840 FAIRBANKS ST  
 PO BOX 8187  
 LAKELAND FL 33805  
 US**

Mailing Address

**2856 CARRIE LANE  
 LAKELAND FL 33813  
 US**

2. Principal Place of Business

3. Mailing Address

**1524 E. Norton St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lakeland FL**

4. FEI Number

**59-1766370**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33803**

**US**

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

**WILLIAMS, ANDREW JASON JR.**

~~**2856 CARRIE LANE  
 LAKELAND FL 33813**~~

Name

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

**1524 E. Norton St**

City

**Lakeland**

**FL**

Zip Code

**33803**

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

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, 2002 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 **PTD**  
 STREET ADDRESS **WILLIAMS, LINDA**  
 CITY-ST-ZIP ~~**2856 CARRIE LN  
 LAKELAND FL**~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1524 E. Norton St**  
 CITY-ST-ZIP **33803**

TITLE ☐ Delete  
 NAME **VS**  
 STREET ADDRESS **WILLIAMS, ANDREW J JR**  
 CITY-ST-ZIP ~~**2856 CARRIE LANE  
 LAKELAND FL**~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1524 E. Norton St**  
 CITY-ST-ZIP **33803**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:** *Andrew J. Williams Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-02 863 660 0703**

Date

Daytime Phone #

CR2E034 (9/01)