

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625845

1. Entity Name

ANDYTOWN, INC.

Principal Place of Business

7392 S.W. 9TH COURT
PLANTATION FL 33317-4137

Mailing Address

7392 S.W. 9TH COURT
PLANTATION FL 33317-4137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1925893

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANGELINE, TSANOS
7392 S.W. 9TH COURT
PLANTATION FL 33314

Name Sophia Tsanos

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

7392 SW 9th Ct

City Plantation, FL

FL

Zip Code 33314

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]

2-7-01

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, 2001 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 SD
NAME TSANOS, EVANGELIN
STREET ADDRESS 7392 S.W. 9TH CT.
CITY-ST-ZIP PLANTATION FL

☒ Delete

TITLE Pres + Dir
NAME Sophia Tsanos
STREET ADDRESS 7392 SW 9th Ct
CITY-ST-ZIP Plantation, FL 33314

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-701



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)