

DOCUMENT # F97000002039

1. Entity Name  
D'ANDREA INTERNATIONAL, INC.

Principal Place of Business  
7733 EGLANTINE LANE  
NEW PORT RICHEY FL 34653

Mailing Address  
7733 EGLANTINE LANE  
NEW PORT RICHEY FL 34653

2. Principal Place of Business  
7733 EGLANTINE LANE  
Suite, Apt. #, etc.

3. Mailing Address  
7733 EGLANTINE LANE  
Suite, Apt. #, etc.

City & State  
NEW PORT RICHEY, FL

City & State  
NEW PORT RICHEY, FL

Zip  
34654

Country  
U.S.A.

Zip  
34654

Country  
U.S.A.

6. Name and Address of Current Registered Agent  
D'ANDREA, BRIGITTA  
7733 EGLANTINE LANE  
NEW PORT RICHEY FL 34654

4. FEI Number 58-1654069

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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.

SIGNATURE \_\_\_\_\_ (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, 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	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANDREA, THOMAS		NAME		
STREET ADDRESS	7733 EGLANTINE LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANDREA, BRIGITTA		NAME		
STREET ADDRESS	7733 EGLANTINE LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, LINDA		NAME		
STREET ADDRESS	63-40 77TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIDDLE VILLAGE NY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Thomas D'Andrea THOMAS D'ANDREA 1/5/01 (727) 379-0044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90005 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)