

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90141 004 \*\*\*150.00

**DOCUMENT # F97000005308**

1. Entity Name  
**ANDEAN MANNA LTD., INC.**

Principal Place of Business 335 KNAPP RD. CLARKS SUMMIT PA 18411	Mailing Address 335 KNAPP RD. CLARKS SUMMIT PA 18411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <i>108 Penn Wood Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Scranton, Pa.</i>
Zip	Zip <i>18505</i>
Country	Country <i>Lockdowna</i>

4. FEI Number <b>23-2902631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name: *Christine Drake*  
 Street Address (P.O. Box Number is Not Acceptable):  
*12000 U.S. HWY 27 N.*  
*Lot 240*  
 City: *Davenport* FL Zip Code: *33837*

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: *Christine Drake* **CHRISTINE DRAKE SECRETARY** DATE: *4-12-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>DRAKE, CHESTER G</b> <b>206 CROWN AVE.</b> <b>SCRANTON PA 18505</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDC</b> <b>SMITH, WILLIAM E</b> <b>335 KNAPP RD.</b> <b>CLARKS SUMMIT PA 18411</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT</b> <b>SMITH, GERALDINE A</b> <b>335 KNAPP RD.</b> <b>CLARKS SUMMIT PA 18411</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Beasley, Aaron</b> <b>12000 U.S. Hwy. 27 N. Lot 240</b> <b>Davenport, Fl. 33837</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Drake, Christine</b> <b>12000 U.S. Hwy. 27 N. Lot 240</b> <b>Davenport, Fl. 33837</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Chester Drake* **Chester Drake (President)** Date: *4/19/01* Daytime Phone #: *570-347-5722*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)