

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90130 012 \*\*\*550.00

**DOCUMENT # F97000005308**

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

Principal Place of Business  
**335 KNAPP RD.**  
**CLARKS SUMMIT PA 18411**

Mailing Address  
**108 PENN WOOD DRIVE**  
**SCRANTON PA 18505**

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 **23-2902631**

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

**DRAKE, CHRISTINE:**  
**12000 US HWY 27 NORTH**  
**LOT 240**  
**DAVENPORT FL 33837**

Name **BEASLEY, CHRISTINE DRAKE**  
 Street Address (P.O. Box Number is Not Acceptable)

**50989 HWY 27 #240**

City **DAVENPORT**

**FL**

Zip Code **33897**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christine Drake Beasley* **CHRISTINE DRAKE BEASLEY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9-3-02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PDC**  
 STREET ADDRESS **DRAKE, CHESTER G**  
 CITY-ST-ZIP **206 CROWN AVE.**  
**SCRANTON PA 18505**

TITLE ☒ Change ☐ Addition  
 NAME **PDC**  
 STREET ADDRESS **DRAKE, CHESTER G**  
 CITY-ST-ZIP **50989 HWY 27 #240**  
**DAVENPORT, FL 33837**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **BEASLEY, AARON**  
 CITY-ST-ZIP **12000 US HWY 27 N LOT 240**  
**DAVENPORT FL 33837**

TITLE ☒ Change ☐ Addition  
 NAME **T**  
 STREET ADDRESS **Beasley, AARON**  
 CITY-ST-ZIP **50989 HWY 27 #240**  
**DAVENPORT, FL 33837**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **DRAKE, CHRISTINE**  
 CITY-ST-ZIP **12000 US HWY 27 NORTH LOT 240**  
**DAVENPORT FL 33837**

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **DRAKE BEASLEY, CHRISTINE DRAKE**  
 CITY-ST-ZIP **50989 HWY 27 #240**  
**DAVENPORT, FL 33837**

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:**

*Christine Drake Beasley* **CHRISTINE DRAKE BEASLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(570) 347-5722**

**9-3-02**

CR2E034 (4/02)