

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State
 02-25-2000 90022 013 ***150.00

DOCUMENT # F99000004161

1. Entity Name
ANDREWS LANDCLEARING & CONSTRUCTION, INC.

Principal Place of Business Mailing Address
 6571 HWY 77 6571 HWY 77
 CHIPLEY FL 32428 CHIPLEY FL 32428-5537

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



609688

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2123177** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2000 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	PC	<input type="checkbox"/> Delete	TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, SHERYL		NAME	Robert Andrews	
STREET ADDRESS	6571 HWY 77		STREET ADDRESS	6571 Hwy 77	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	Chipley FL 32428	
TITLE	VVC	<input type="checkbox"/> Delete	TITLE	VVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, ROBERT		NAME	SHERYL ANDREWS	
STREET ADDRESS	6571 HWY 77		STREET ADDRESS	6571 Hwy 77	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	Chipley FL 32428	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICE, SAM		NAME		
STREET ADDRESS	412 WATER OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICE, EVA		NAME		
STREET ADDRESS	412 WATER OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		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: Sheryl Andrews SHERYL ANDREWS 01/10/00 (850) 773-6303
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)