2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State **DOCUMENT #** H60679 1. Entity Name 01-16-2002 90062 014 ***150.00 ANDREWS MANAGEMENT COMPANY Principal Place of Business Mailing Address 2290 SE LAUREL RUN DR 2290 SE LAUREL RUN DR. OCALA FL 34471 OCALA FL 34471 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2537763 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREWS, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 2290 SE LAUREL RUN DR OCALA FL 34471 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME ANDREWS, RICHARD L. NAME STREET ADDRESS 2290 S E LAUREL RUN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P OCALA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME ANDREWS, SCOTTY JOE NAME STREET ADDRESS 1239 S.E. 11TH STREET STREET ADDRESS CITY-ST-7/P OCALA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ANDREWS, R JEFF NAME STREET ADDRESS 645 SW 48TH ST RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe 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.

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