

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61112

1. Entity Name

ANDALL INDUSTRIES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90114 037 \*\*\*150.00

Principal Place of Business

Mailing Address

5151-3 SUNBEAM ROAD  
2863 EVERCHARM PLACE  
JACKSONVILLE FL 32257  
US

SIDNEY J. SIEGEL  
5151-3 SUNBEAM ROAD  
JACKSONVILLE FL 32257-6135  
US

2. Principal Place of Business

8727-410 Phillips Hwy

3. Mailing Address

8727-410 Phillips Hwy

Suite, Apt. #, etc.

5639 Ribbon Rose Dr

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32258

City & State

Jacksonville, FL 32256

4. FEI Number

22-2197675

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

SIEGEL, SIDNEY J.  
8787 SOUTHSIDE BLVD., APT. #5016  
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)  
8727-410 Phillips Hwy

City

Jacksonville,

FL

Zip Code  
32256

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)

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, 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 **STD** ☐ Delete  
NAME **SIEGEL, SIDNEY J.**  
STREET ADDRESS **8787 SOUTHSIDE BLVD., APT #5016**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Sidney J Siegel**  
STREET ADDRESS **5639 Ribbon Rose Dr**  
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **PD** ☐ Delete  
NAME **SIEGEL, RONA L.**  
STREET ADDRESS **8787 SOUTHSIDE BLVD., APT #5016**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Siegel, Rona L**  
STREET ADDRESS **5639 Ribbon Rose Dr**  
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

904-733-6666

Daytime Phone #

CR2E034 (9/99)