

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

1/21

01-28-2003 90069 039 ****61.25

DOCUMENT # N02000004478

1. Entity Name
ANDREW & ASSOCIATES, INC.



55006029

Principal Place of Business
**2401 SW 1 ST
BOYNTON BCH FL 33435**

Mailing Address
**5577 DESCARTES CIRCLE
BOYNTON BCH FL 33437**

2. Principal Place of Business

5577 Descartes Circle

3. Mailing Address

P.O. 4324

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33437

Country

Palm Beach

Zip

33424

Country

Palm Beach

4. FEI Number

65-1068026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCHEY, ANDREW JR
5577 DESCARTES CIR
BOYNTON BCH FL 33437**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Andrew Luchey, Jr - President 1/15/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **LUCHEY, ANDREW JR.** **D**
STREET ADDRESS **2401 SW 1 ST**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE **V** ☐ Delete
NAME **LUCHEY, GAIL** **D**
STREET ADDRESS **2401 SW 1 ST**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE **S** ☒ Delete
NAME **LUCHEY, AYVONNE**
STREET ADDRESS **2401 SW 1 ST**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE **K** ☐ Delete
NAME **KEVIN WHELAN** **D**
STREET ADDRESS **2401 SW 1 ST**
CITY-ST-ZIP **BOYNTON Beach FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S** ☒ Change ☒ Addition
NAME **MARVIN BARGE** **T**
STREET ADDRESS **2401 SW 1ST ST**
CITY-ST-ZIP **Boynton Beach FL 33435**

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

1/15/03 (56) 533-5303

Daytime Phone #

CR2E037 (10/02)