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

DOCUMENT # N03000000168

1. Entity Name

Gwen Andrews, Incorporated

DO NOT WRITE IN THIS SPACE

FILED

04 JAN -5 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
2741 Oak Park Ct
Suite, Apt. #, etc.

3. Mailing Address
2741 Oak Park Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Tallahassee, Florida*
Zip | Country

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Zip | Country

4. FEI Number *81-0637118*

Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Eureka A. Butler*

Street Address (P.O. Box Number is Not Acceptable)

2741 Oak Park Court

City *Tallahassee* **FL** Zip Code *32308*

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 ___*Eureka A Butler*___ , *CEO OWNER*   *1/5/03*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Reginald Ofanmi	NAME	300027918013
STREET ADDRESS	1460 Vineyard Ln.	STREET ADDRESS	01/30/04--01027--005 **70.00
CITY-ST-ZIP	Tallahassee, FL 32317	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Jerome Andrews	NAME	
STREET ADDRESS	88 Rozena Loop	STREET ADDRESS	
CITY-ST-ZIP	Havana, Florida 32333	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Dorothy Boyer	NAME	
STREET ADDRESS	1917 Faulk Drive	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Tallahassee FL 32303	CITY-ST-ZIP	IN THIS SPACE
TITLE	Officer Director	TITLE	
NAME	Eureka Butler	NAME	
STREET ADDRESS	2741 Oak Park Ct	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ___*Eureka Abutler*___   *1/5/03*   *980-1038*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #