

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90127 011 ***150.00

DOCUMENT

P00000015654

1. Entity Name

ANDGOR TOY CO INC.

Principal Place of Business

Mailing Address

P O BOX 291865
 SOUTH DAYTONA FL 32119

P O BOX 291865
 SOUTH DAYTONA FL 32119

2. Principal Place of Business

254 CR 427 SOUTH

Suite, Apt. #, etc.

SUITE 223

City & State

LONGWOOD FL

Zip

32750

Country

3. Mailing Address

254 CR 247 SOUTH

Suite, Apt. #, etc.

SUITE 223

City & State

LONGWOOD FL

Zip

32750

Country

4. FEI Number

59-3625406

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, DEREK

P O BOX 291865

SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

ANDERSON, DEREK

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

254 CR 427 SOUTH, SUITE 223

City LONGWOOD

FL

Zip Code
32750

8. The above-named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature required for all changes of registered office and registered agent.

NOTE: All registered agent signatures required when submitting.

DATE

9. The information is required to certify the Intangible
 Tax (State requirement and subject to election)
 (See instructions on back)

☒

10. FEE ACCOUNT DUES TO ANNUAL
 REPORT DUE 12/31/01. Fee will be \$100.00
 for the Annual Report to Department of State

11. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

P
 GORDICH, SAMUEL D
 1733 S RIDGEWOOD AVE STE B
 SOUTH DAYTONA FL 32119

☐ Delete

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

VT
 ANDERSON, DEREK
 P O BOX 291865
 SOUTH DAYTONA FL 32119

☐ Delete

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

S
 STRONG, JAMES
 3945 NOVA ROAD
 PORT ORANGE FL 32127

☒ Add

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

VT
 ANDERSON, DEREK
 254 CR 427 SOUTH SUITE 223
 LONGWOOD FL 32750

☒ Change ☐ Addition

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

S
 ANDERSON, DEREK
 254 CR 427 SOUTH SUITE 223
 LONGWOOD FL 32750

☐ Change ☒ Addition

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME
 TITLE
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

13. I, the undersigned, certify that the information provided with this UBR does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, further certify that the information reflected in 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 registered agent, responsible to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report, or in an addendum with a reference to all other blocks processed.

RECEIVED STATE

4/25/01