

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2003 8:00 am**  
**Secretary of State**

09-03-2003 90019 040 \*\*\*150.00

0122446 AT

**DOCUMENT # P00000021753**

**1. Entity Name**  
**ANDALL MARKETING, INC.**



**Principal Place of Business**  
**5639 RIBBON ROSE DRIVE**  
**JACKSONVILLE FL 32258**

**Mailing Address**  
**5639 RIBBON ROSE DRIVE**  
**JACKSONVILLE FL 32258**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3630164**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SIEGEL, RONA L**  
**5639 RIBBON ROSE DRIVE**  
**JACKSONVILLE FL 32258**

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D SIEGEL, RONA L**  
**5639 RIBBON ROSE DRIVE**  
**JACKSONVILLE FL 32258**

☐ Delete

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

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**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 607, 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**  
**Rona Siegel**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9-2-03**  
**Date**

**904-288-0255**  
**Daytime Phone #**

CR2E03 (4/03)

Attachment

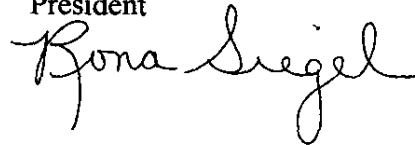
90153710

#P00000021753

Andall Marketing, Inc.  
5639 Ribbon Rose Drive  
Jacksonville, Florida 32258

For some reason, the Corporation did not receive the prior UBR notice. Without that reminder, the Uniform Business Report was not paid in a timely manner. Please waive the late fees.

Rona L. Siegel  
President

A handwritten signature in cursive script that reads "Rona Siegel". The signature is written in dark ink and is positioned below the printed name and title.