

2001 UNIFORM BUSINESS REPORT (UBR)

PENDING
03-25-2002 90154 039 ***858.75
FILE#00000099097

DOCUMENT # P00000099097

1. Entity Name

P.D. ANDREWS & CO. OF FLORIDA, INC.

02 APR 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80048862



REINSTATEMENT

01-02

2. Principal Place of Business 3. Mailing Address
3229 S. JOHN YOUNG PKWY 1955 BLACKFOOT TRL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE FL.

City & State
ST. CLOUD FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip Country
34746 U.S.A.

Zip Country
34771 U.S.A.

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

HAYES, ROBERT S

441 W. VINE STREET

KISSIMMEE FL 34741

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP
PTD ANDREWS, PETER 2747 CARMEL COURT KISSIMMEE FL 34748
☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTD ANDREWS, PETER 1955 BLACKFOOT TRL. ST. CLOUD, FL. 34771
☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VSD JOHNSON, DON 2747 CARMEL COURT KISSIMMEE FL 34748
☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VSD JOHNSON DON 2743 CARMEL COURT KISSIMMEE FL 34746
☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 (407) 891 8437
Date Daytime Phone #

CR2E034 (5/01)