2001 UNIFORM BUSINESS REPORT (UBR)

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

PED OR PRINTED NAME OF SIGNING

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P00000100077 ANDY R. INC. 04-23-2001 90207 031 ***150.00 Principal Place of Business Mailing Address 1499 LAS CASAS RD 1499 LAS CASAS RD BOCA RATON FL 33486 BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MULLIN, JAMES G Street Address (P.O. Box Number is Not Acceptable) 2080 NW 2ND AVE #6 **BOCA RATON FL 33431** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME RODDICK, ANDREW S STREET ADDRESS STREET ADDRESS 1499 LAS CASAS RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change ☐ Addition ☐ Delete TITLE NAME RODDICK, JERRY J NAME STREET ADDRESS STREET ADDRESS 1499 LAS CASAS RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Change ☐ Addition TITLE TITLE Delete 🗆 NAME RODDICK, BLANCHE A NAME STREET ADDRESS STREET ADDRESS 1499 LAS CASAS RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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Daytime Phone #