2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** P00000100077 1. Entity Name ANDY R, INC. 04-10-2002 90018 048 ***150.00 Principal Place of Business Mailing Address 1499 LAS CASAS RD 1499 LAS CASAS RD ըսսեեսս **BOCA RATON FL 33486** BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1050348 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLIN, JAMES G Street Address (P.O. Box Number is Not Acceptable) 2080 NW 2ND AVE #6 **BOCA RATON FL 33431** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) RODDICK, ANDREW S NAME NAME 1499 LAS CASAS RD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F Change ☐ Addition RODDICK, JERRY J NAME NAME 1499 LAS CASAS RD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RODDICK, BLANCHE A-NAMĒ NAME 1499 LAS CASAS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATUREHMA SIGNATURE AND TYPED OR PRINTED NAME OF SIGN