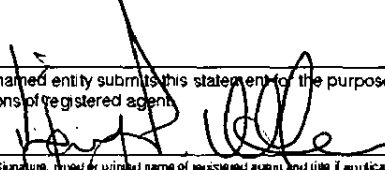
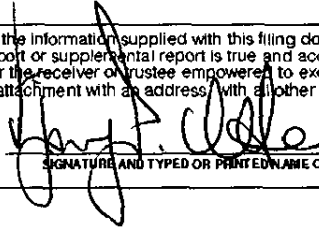


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90049 017 ***150.00

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

DOCUMENT # P01423			
1. Entity Name DANDY ENTERPRISES, LTD., INCORPORATED			
Principal Place of Business 4252 CLEVELAND AVE. FORT MYERS, FL 33901		Mailing Address 4252 CLEVELAND AVE FORT MYERS, FL 33901	
2. Principal Place of Business 11621-2 S. CLEVELAND AVE Suite, Apt. #, etc.		3. Mailing Address 11621-2 S. CLEVELAND AVE Suite, Apt. #, etc.	
City & State FORT MYERS FLORIDA		City & State FORT MYERS FLORIDA	
Zip 33907	Country USA	Zip 33907	Country
4. FEI Number 13-3196180		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UTTAMCHANDANI, VIJAY P. 4252 CLEVELAND AVE FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name UTTAMCHANDANI VIJAY P. Street Address (P.O. Box Number is Not Acceptable) 11621-2 S. CLEVELAND AVENUE City FORT MYERS FL Zip Code 33907	
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.		DATE 05/01/03 (NOTE: Registered Agent Signature required when reinstating)	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V UTTAMCHANDANI, VIJAY P. 4252 CLEVELAND AVE FT MYERS, FL 33901 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP V UTTAMCHANDANI VIJAY P. 11621-2 S. CLEVELAND AVE., FORT MYERS, FL 33907 ☒ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 another like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 05/01/03 Daytime Phone # 339-278-0009	

CP2E034 (10/02)