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	Mailing Address
4252 CLEVELAND AVE FORT MYERS, FL 33901	4252 CLEVELAND AVE FORT MYERS, FL 33901

2. Principal Place of Business	3. Mailing Address
11621-2 S. CLEVELAND AVE	11621-2 S. CLEVELAND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FLORIDA	City & State: FORT MYERS FLORIDA
Zip: 33907 Country: USA	Zip: 33907 Country:

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
UTTAMCHANDANI, VIJAY P. 4252 CLEVELAND AVE FORT MYERS, FL 33901	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] VIJAY P. UTTAMCHANDANI VICE PRESIDENT 05/01/03
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
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	V ☐ Delete	TITLE	V ☒ Change ☐ Addition
NAME	UTTAMCHANDANI, VIJAY P.	NAME	UTTAMCHANDANI VIJAY P
STREET ADDRESS	4252 CLEVELAND AVE	STREET ADDRESS	11621-2 S. CLEVELAND AVE.,
CITY-ST-ZIP	FT MYERS, FL 33901	CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	☐ Delete	TITLE	☐ 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	
TITLE	☐ Delete	TITLE	☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] VIJAY P. UTTAMCHANDANI 05/01/03 239 278-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #