

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0397790 AV

DOCUMENT # P02000080229

1. Entity Name  
ANDOVER REED CORPORATION



FILED

03 JUN -6 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2500 N. MILITARY TRAIL SUITE 205  
BOCA RATON FL 33431

Mailing Address  
2500 N. MILITARY TRAIL SUITE 205  
BOCA RATON FL 33431



2. Principal Place of Business  
1560-72 S.E. 3rd COURT  
Suite, Apt. #, etc.

3. Mailing Address  
1560-72 S.E. 3rd COURT  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
DEERFIELD BEACH FL.  
Zip  
Country  
BROWARD

City & State  
DEERFIELD BEACH, FL.  
Zip  
Country  
BROWARD

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHOCHET, STEPHEN L ESQ  
2500 N. MILITARY TRAIL SUITE 205  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name  
MICHAEL RUDIKOFF  
Street Address (P.O. Box Number is Not Acceptable)  
2100 N. FED HWY.  
City  
BOCA RATON FL Zip Code  
33431

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  
MICHAEL RUDIKOFF  
Signature, typed or printed name of registered agent and title if applicable.

6-4-03  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOCHET, STEPHEN L 2500 N. MILITARY TRAIL SUITE 205 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STANLEY R. GRAFF 859 JEFFERY ST. BOCA RATON, FL. 33487	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC 1 TREAS. MICHAEL RUDIKOFF 4978 N. CITATION DR. #101 DELRAY BEACH, FL. 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700020565247 06/06/03--01050--006 **\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *SKIN LIFE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/03 561-998-0440  
Date Daytime Phone #

CR2E034 (10/02)