FILED
Aug 25, 2003 8:00 am
Secretary of State
04-22-2003 90074 022 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000097620

1. Entity Name
ANDY'S WALLPAPER & PAINTING CORPORATION

☐ Received with ...
☐ Received in Bad ...
☐ Received ...

55054534

[redacted]

16-1627690

Principal Place of Business	Mailing Address
~~2250 GULF GATE DR. #130~~	~~2250 GULF GATE DR. #130~~
SARASOTA FL 34231	SARASOTA FL 34231
6553 Gulf Gate PL #250	6553 Gulf Gate PL #250

2. Principal Place of Business	3. Mailing Address
6553 Gulf Gate PL.	the same
Suite, Apt. #, etc. #250	Suite, Apt. #, etc.
City & State Sarasota Florida	City & State
Zip 34231 Country USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number [illegible] — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CZERWINSKI, YOLANDA
4492 GOLDEN LAKE DRIVE
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4.14.2003
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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ANDREAS SCHWACH 6553 GULF GATE #250 SARASOTA, FL 34231 ☐ 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
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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 [signature] 4.14.2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #