

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90043 042 ***150.00

DOCUMENT # P40314

1. Entity Name
ANDESA TPA, INC.

Principal Place of Business
1605 N. CEDAR CREST BLVD.
STE. 502
ALLENTOWN PA 18104
US

Mailing Address
1605 N. CEDAR CREST BLVD.
STE. 502
ALLENTOWN PA 18104
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2545253**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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.

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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WALKER, JOHN E**
STREET ADDRESS **4317 SANCTUARY WAY**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Change ☐ Addition
NAME **DIRECTOR**
NAME **WALKER, JOHN E**
STREET ADDRESS **4317 SANCTUARY WAY**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **BRIGGS, MALCOLM N.**
STREET ADDRESS **1717 WILDBERRY ROAD**
CITY-ST-ZIP **BETHLEHEM PA**

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ELLISON, LINDA R**
STREET ADDRESS **9164 KISTLER VALLEY RD**
CITY-ST-ZIP **KEMPTON PA 19529**

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STEVEN J. COCHLAN**
STREET ADDRESS **1030 N. STATE ST.**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **YOUNG, RODMAN D**
STREET ADDRESS **827 W. MARKET ST.**
CITY-ST-ZIP **BETHLEHEM PA 18018**

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **608D** ☐ Delete
NAME **CLEMENT, CHARLES E**
STREET ADDRESS **4080 GUBITOSI DR**
CITY-ST-ZIP **COOPERSBURG PA 18036**

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT, DIRECTOR**
NAME **CLEMENT, CHARLES E**
STREET ADDRESS **4080 GUBITOSI DRIVE**
CITY-ST-ZIP **COOPERSBURG PA 18036**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

Daytime Phone #

CR2E034 (10/00)