## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9200005767  ANDY INVESTMENTS, INC.						Secretary of State 02-07-2002 90054 005 ***150.00				
Principal Place of Business 1103 WEST HIBISCUS BLVD. SUITE 306		Mailing Address 1103 WEST HIBISCUS BLVD. SUITE 306								
WEST MELBO	DURNE FL 32904	WEST MELBOURNE FL	32904			( <b>)                                   </b>	{	     <b>     </b>		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	4. FEI Number Applied For Not Applicable				
Zip	Country	Zip Coun		try	5. Certificate of Status Desired			ditional		
<del></del>	6. Name and Address of Current R	egistered Agent	J		7.	Name and Addres	s of New Registere	<u>-</u>		Ì
SUITE 30 WEST ME	ST HIBISCUS BLVD.	the purpose of changing it	ts registere	City J	India	Box Number is Not Hwy 41  Lantic  gent, or both, in the	A # 60 F		नै <i>03</i>	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NO	TE: Registere	Agerit signatu	ire required when r	ly.	<b>O</b>	1-22-0	<u> </u>	
<ol> <li>This corporation is eligible to satisfy its Intangib         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	1	mpaign Financing Contribution.		0 May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.	·	Αſ	DDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTOR	S IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ANDY, JOHN 1103 WEST HIBISCUS BLVD. S-30 WEST MELBOURNE FL 32901	□ Delete			le			Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-S1-ZIP	*****	☐ Delete		J	SHan 7673	on K. Ha Condlew	t ga 164 Or . 32940	Change	Addition	<del>පි</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		í	-777 67	vourae, F	7. \$2940	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		4				☐ Change	☐ Addition	ı
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP	The second second	Delete		1			<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Change	Addition	
13. I hereby of indicated	certify that the information supplied with the fonth of this report or supplemental report is to poration on the receiver or trustee empower on an attachment with an audress with a supplemental true to the following the fo	rue and accurate and that	my signat rt as requir d.	ure shall ha ed by Cha	ave the same	legal effect as if ma	ade under oath; that	I am an officer	or director	ı

01-22-02

Daytime Phone #