2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P92000008950

1. Entity Name

ST. ANDREWS, INC.



FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90129 025 ***150.00

			WE THE	'		
Principal Place of Business 1360 E. VENICE AVE. VENICE FL 34292 US		Mailing Address 1360 E. VENICE AVE. VENICE FL 34292 US			: COTO 1814 COLO SUN SEN 1881	
2. Principal Place of Business		3. Mailing Address			! [] 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKIN	G CHANGES	
City & State		City & State		4. FEI Number 59-3159244	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	T	7. Name and Address of New Registered	Agent	
	- Carrier Control	a company of the contract of t	- Name	بعادية بغي لافيانهم بهمانه الرازي والدانية الليدان المهيساسية		
BOONE, JEFFERY A						
•	NIDA DEL CIRCO		Street Address	s (P.O. Box Number is Not Acceptable)		
VENICE FL 34285						
			City	FI	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, 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Make Check	Payable to Florida Department o	f State	•	most and continuous.		
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE	DPST	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	SHOEMAKER, DAVID W		NAME			
STREET ADDRESS	1360 E. VENICE AVENUE		STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292		CITY-ST-ZIP			
TITLE	VP \	Delete	TITLE		☐ Change ☐ Addition	
NAME	SHOEMAKER, KATHERINE P	Dollic	NAME			
STREET ADDRESS	1360 E VENICE AVE		STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292		CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ANNRESS			NAME OTDEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		Ì	
12. I hereby certify that the information supplied with this filing does not				Postion 110 07/9/65 Florido 04-5 1-1/2 (1		
iz. i⊓ereby c	ermy that the information supplied with	trus riling does not quality for t	ule exemption stated in S	Section 119.07(3)(I), Fiorida Statutes. I further ce	ertify that the information 1	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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 a capturess, with all otherwise empowered.

SIGNATURE:

SIGNIVIRENCE COAPTION. Shoemaken

GNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

Date Date

941-488-2020