## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Aug 20, 2002 8:00 am § Secretary of State P93000023182 DOCUMENT # JOHN ANDRISANI & ASSOCIATES INC. 08-20-2002 90126 026 \*\*\*550.00 Principal Place of Business Mailing Address 4894 SABAL LAKE CIRCLE 4894 SABAL LAKE CIRCLE SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt.#, etc. City & State City & State 4. FEI Number Applied For 59-3170264 Not Applicable Zio Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDRISANI, JOHN. Street Address (P.O. Box Number is Not Acceptable) 4894 SABAL LAKE CIRCLE SARASOTA FL 34238 City 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 **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-\$550.00 9.—This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE CR2E034 (4/02) Addition ANDRISANI, JOHN NAME NAME 4894 SABAL LAKE CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change \_\_\_ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of 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

7: 08344 SIGNATURE:

changed, or or an attaching

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

er like empowered

Daytime Phone #

**FILED**