

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90068 028 ***150.00

DOCUMENT # P93000038338

1. Entity Name

ANDREW SMITH, INC.

Principal Place of Business

Mailing Address

1855 GRIFFIN ROAD
 SUITE ~~B328~~ **B328**
 DANIA FL 33004
 US

1855 GRIFFIN ROAD
 SUITE ~~B328~~ **B328**
 DANIA FL 33004
 US

628774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. ~~1855~~ **B328**

Suite, Apt. #, etc. ~~1855~~ **B328**

City & State

City & State

4. FEI Number **65-0425463**

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

ANDREW SMITH, INC. DBA HAYPR
1855 GRIFFIN ROAD
SUITE B328
DAMA FL 33004

Name **ANDREW SMITH**
 Street Address (P.O. Box Number is Not Acceptable) **B328**
1855 GRIFFIN ROAD STE A
 City **DANIA BEACH** FL Zip Code **33004**

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

2/28/01

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 **PSTD** ☐ Delete
 NAME **SMITH, ANDREW**
 STREET ADDRESS **1855 GRIFFIN ROAD, ~~A470~~ B328**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE **DIRECTOR, VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **JACKOWSKI, JOHN**
 STREET ADDRESS **2130 NE S8 COURT**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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

2/28/01

Date

Daytime Phone #

CR2E034 (10/00)