

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044307

1. Entity Name

ANDREWS SALES AGENCY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90152 002 ***150.00

Principal Place of Business

Mailing Address

814 ROXMERE ROAD
 TAMPA FL 33609

814 ROXMERE ROAD
 TAMPA FL 33629-5693

2. Principal Place of Business

3. Mailing Address

4302 Henderson Blvd

4302 Henderson Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

#105

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33629

USA

33629

USA



DO NOT WRITE IN THIS SPACE

4.-FEI Number

59-3193498

Applied For

Not Applicable

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

ANDREWS, DANA G SR
 4807 BAYSHORE BLVD
 TAMPA FL 33611

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 CHM Delete
 NAME ANDREWS, ROBERT H
 STREET ADDRESS 814 ROXMERE RD
 CITY-ST-ZIP TAMPA FL 33609

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME LOWRY, ELIZABETH M
 STREET ADDRESS 5413 SELLAS ST.
 CITY-ST-ZIP TAMPA FL 33611

TITLE Change Addition
 NAME President
 STREET ADDRESS ELIZABETH M LOWRY
 CITY-ST-ZIP 3302 San Nicholas St
 TAMPA FL 33629

TITLE ST Delete
 NAME ANDREWS, BETTY J
 STREET ADDRESS 814 ROXMERE ROAD
 CITY-ST-ZIP TAMPA FL 33609

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Elizabeth M Lowry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000
 Date

813-254-8858
 Daytime Phone #

CR2000 (9/00)