

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90022 042 ***150.00

DOCUMENT # P93000044307

1. Entity Name
ANDREWS SALES AGENCY, INC.

Principal Place of Business
4302 HENDERSON BLVD
#105
TAMPA FL 33629

Mailing Address
4302 HENDERSON BLVD
#105
TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3836 W. Neptune St.

3. Mailing Address
3836 W. Neptune St.

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3193498**

Applied For
 Not Applicable

Zip **33629**

Country **U.S.**

Zip **33629**

Country **U.S.**

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **3104 W. SAN RAFAEL ST**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **LOWRY, ELIZABETH M**
 STREET ADDRESS **3302 SAN NICHOLAS ST**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **ANDREWS, BETTY J**
 STREET ADDRESS **3104 W. SAN RAFAEL STREET**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Change Addition
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 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 **Elizabeth M Lowry** **4-24-02** **813-254-8858**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)