

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**

2. Principal Place of Business

3836 W. Neptune St.

Suite, Apt. #, etc.

Suite C

City & State

Tampa, FL

Zip

33629

Country

U.S.

3. Mailing Address

3836 W. Neptune St.

Suite, Apt. #, etc.

Suite C

City & State

Tampa, FL

Zip

33629

Country

U.S.



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

**ANDREWS, DANA G SR
 4807 BAYSHORE BLVD
 TAMPA FL 33611**

7. Name and Address of New Registered Agent

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

TITLE	CHM	<input type="checkbox"/> Delete
NAME	ANDREWS, ROBERT H	
STREET ADDRESS	3104 W. SAN RAFAEL ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWRY, ELIZABETH M	
STREET ADDRESS	3302 SAN NICHOLAS ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDREWS, BETTY J	
STREET ADDRESS	3104 W. SAN RAFAEL STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)