2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000044307 **DOCUMENT #**

1. Entity Name

ANDREWS SALES AGENCY, INC.



Apr 09, 2003 8:00 am \$ Secretary of State 04-09-2003 90186 000 ****

| 04-09-2003 90186 009 ** |
|-------------------------|
| |

| Principal Place of Business 3836 W. NEPTUNE STREET SUITE C TAMPA FL 33629 | | | 3836 Suite | Mailing Address 3836 W. NEPTUNE STREET SUITE C TAMPA FL 33629 | | | | | | | | | |
|---|---------------------------------|--|---------------------|---|---------------|---|---------------------------------|---|------------------|----------------|-----------------------------------|--------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | 1 18801 100 1 ELO 1010 0 1111 0 | 1818 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Bibli 01000 illi | AUTH ERRI 1941 | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City | & State | | | 4. FEI Number 59-3193498 | | | —⊢ | pplied For lot Applicable | - | |
| Zip | Zip Country | | | Zip Coun | | | | | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Register | | | | ed Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| ANDREWS, DANA G SR | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 4807 BAYSHORE BLVD TAMPA FL 33611 | | | | | | | | | <u></u> | | <u> </u> | 1 | |
| - | | | | | | City | | | FL | Zip Cod | de | 1 | |
| | named entity tions of regist | y submits this statement fo ered agent. | r the purp | oose of changing its | registere | ed office or | registered ag | gent, or both, in the State | of Florida. I am | familiar with | , and accept | 1 | |
| SIGNATURE . | Signature, typed | or printed name of registered agent | and title if app | olicable. (NOTE | : Registere | d Agent signatu | re required when re | einstating) | DATE | , _ | | | |
| After | r May 1, 200 | PEE IS \$150.00 Fee will be \$550.00 Florida Department of | State | | | | | 9. Election Campaig | | | 00 May Be d to Fees | 7 | |
| 10. | | OFFICERS AND | DIRECTO | DRS | 11. | | AC | DDITIONS/CHANGES TO | OFFICERS AN | D DIRECTOR | RS IN 11 | 7 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , Robert H An Rafael St 33629 | | ☐ Delete | | | | | | ☐ Change | ☐ Addition | 7007077 7000 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOWRY, E | LIZABETH M NICHOLAS ST | | □ Delete | | | | | | ☐ Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST | , Betty J An Rafael Street | | 39□ Delete · | NAME STREE | ET ADDRESS -ST-ZIP | | | | Change_ | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | ··· | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | • | | | | <u>.</u> | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , | ☐ Delete | | | | | | ☐ Change | ☐ Addition | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

Date

Daytime Phone #