

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90060 015 ***150.00

0313133

DOCUMENT # P94000002158

1. Entity Name
ANDY'S AUTO, INC.

Principal Place of Business

#1 WEST LINTON BLVD.
 STE. 24
 DELRAY BEACH FL 33444
 US

Mailing Address

#1 WEST LINTON BLVD.
 STE. 24
 DELRAY BEACH FL 33444
 US

C0035386



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

#1 WEST LINTON BLVD

Suite, Apt. #, etc.

#24

City & State

DELRAY BEACH FL

Zip

33444

Country

US

3. Mailing Address

#1 WEST LINTON BLVD

Suite, Apt. #, etc.

#24

City & State

DELRAY BEACH FL

Zip

33444

Country

US

4. FEI Number **65-0458452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KITCHING, STANLEY
 #1 WEST LINTON BLVD.
 DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

LARRY BURLEY

Street Address (P.O. Box Number is Not Acceptable)

#1 WEST LINTON BLVD

UNIT #24

City

DELRAY BEACH

FL

Zip Code

33444

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 Brian Burley **BRIAN BURLEY VICE PRESIDENT** **02-15-01**
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, 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

TITLE **DP** ☒ Delete
 NAME **KITCHING, STANLEY**
 STREET ADDRESS **#1 WEST LINTON BEACH**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **VP** ☒ Delete
 NAME **BURLEY, LARRY**
 STREET ADDRESS **#1 WEST LINTON BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **LARRY BURLEY**
 STREET ADDRESS **#1 WEST LINTON BLVD UNIT #24**
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **BRIAN BURLEY**
 STREET ADDRESS **#1 WEST LINTON BLVD. UNIT #24**
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

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

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

TITLE ☐ Change ☐ Addition
 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: Brian Burley VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-01

Date

561-276-0560

Daytime Phone #

CR2E034 (10/00)