

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90120 045 ***150.00

DOCUMENT # P94000019797

1. Entity Name

GEORGE ANDRASI, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801. MAIN ST.

Suite, Apt. #, etc.

SARASOTA FL.

City & State

MICHAEL SANDERS & CO.

3. Mailing Address

1820 Ringling Boulevard

Suite, Apt. #, etc.

City & State

Sarasota, FL

4. FEI Number

65-0497056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence M. Hankin, P.A.

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

1820 Ringling Boulevard

City

Sarasota

FL

Zip Code
34236

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Director
George A. Andrasi
600 Mangrove Point Road
Sarasota, FL 34242

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Edie Andrasi
600 Mangrove Point Road
Sarasota, FL 34242

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 of status 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address and authority to act as such.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GEORGE ANDRASI P.A. 4/9/02 941 951 6660

CR2E034B (12/01)