

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90388 040 ***150.00

DOCUMENT # P94000080227

1. Entity Name
ROBERT ANDREWS & COMPANY



Principal Place of Business
9408 WILLOW COVE CT.
TAMPA FL 33647

Mailing Address
POST OFFICE BOX 46332
TAMPA FL 33647

22000061



2. Principal Place of Business
10120 PARLEY DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State

4. FEI Number **59-3278662**

Applied For
Not Applicable

Zip
33626

Country
HILLS

Zip

Country

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, ROBERT W
9408 WILLOW COVE CT.
TAMPA FL 33647

Name
ANDREWS, ROBERT W.

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

10120 PARLEY DR

City
TAMPA

FL

Zip Code
33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert W. Andrews*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/27/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **ANDREWS, ROBERT W**
STREET ADDRESS **9408 WILLOW COVE CT.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **ANDREWS, ROBERT W.**
STREET ADDRESS **10120 PARLEY DR.**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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: *Robert W. Andrews* **ROBERT W. ANDREWS(D)** **1/27/03 813-792-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)