2000 UNIFORM BUSINESS REPORT (UBR)

address, with all

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **P95000060239** 1. Entity Name ANDREWS HOLDINGS AND DEVELOPMENT, INC. 05-02-2000 90046 016 ***150.00 Mailing Address Principal Place of Business 83 GOLFVIEW DR 83 GOLFVIEW DR OCALA FL 34472 OGALA FL 34472-5002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3332224 Not Applicable Zip Country _ _ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Sabine raun FUNK. RAINER D 83 GOLFVIEW DR-**OCALA FL 34472** this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity APR 1 9 2000 Sraug DATE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. · OFFICERS AND DIRECTORS, 12. DP TITLE Change ☐ Addition Delete TITLE ARNOLD, HANS NAME NAME STREET ADDRESS STREET ADDRESS DOTTINGER STR.4, 72525 MUENSINGEN CITY-ST-ZIP CITY-ST-ZIP **GERMAN** Change ☐ Addition Delete TITLE MUELLER, HENRIK NAME STREET ADDRESS STREET ADDRESS ZUM MUELLERBEK NR. 11 CITY-ST-ZIP CITY-ST-ZIP **GERMANY** ☐ Change ☐ Addition Delete TITLE FUNK, RAINER D. NAME NAME 83 GOLFVIEW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OCALA FL 34172** CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete DUNKEL, KARL-HEINZ NAME MOERIKESTR. 6 63500 SELIGENSTADT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GERMAN** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of the stee 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 appears, with all other like empowered.