

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90456 001 ***150.00

DOCUMENT # P96000009620

1. Entity Name
ANDCO SERVICES, INC.

Principal Place of Business
1900 SOUTHWEST 81ST TERRACE
NO. LAUDERDALE FL 33068

Mailing Address
1900 SOUTHWEST 81ST TERRACE
NO. LAUDERDALE FL 33068

2. Principal Place of Business
5216 NW 66 Ave
Suite, Apt. #, etc.

3. Mailing Address
5216 NW 66 Ave
Suite, Apt. #, etc.

City & State
Lauderhill, FL
Zip **33319** **Country** **USA**

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Lauderhill, FL
Zip **33319** **Country** **USA**

4. FEI Number **65-0642645**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, PAUL G
1900 SOUTHWEST 81ST TERRACE
NO. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name **PAUL G. ANDERSON**
Street Address (P.O. Box Number is Not Acceptable)
5216 NW 66 Ave
City **Lauderhill** **FL** **Zip Code** **33319**

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 *Paul G. Anderson* **PAUL G. ANDERSON, President** **3/11/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **ANDERSON, PAUL G**
STREET ADDRESS **1900 SOUTHWEST 81ST TERRACE**
CITY-ST-ZIP **NO. LAUDERDALE FL 33068**

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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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 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: *Paul G. Anderson* **PAUL G. ANDERSON** **3/11/2002** **(954) 720-0070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0327132 AV

CR2E034 (9/01)