

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90065 036 \*\*\*150.00

**DOCUMENT # P96000055522**

1. Entity Name

**ANDREASEN CONSULTING ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

~~105 GULFWINDS LANE~~  
~~MARATHON FL 33050-2931~~

~~105 GULFWINDS LANE~~  
~~MARATHON FL 33050-2931~~

00000000

2. Principal Place of Business

3. Mailing Address

11500 Summit West Blvd

11500 Summit West Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

21A

21A

City & State

City & State

TEMPLE TERRACE, FL

TEMPLE TERRACE, FL

4. FEI Number

65-0676011

Applied For

Not Applicable

Zip

Country

Zip

Country

33617

USA

33617

USA

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

INGHRAM, JOANN  
 6805 OVERSEAS HWY  
 MARATHON FL 33050

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete  
 NAME ANDREASEN, RONALD LEE  
 STREET ADDRESS 105 GULFWINDS LANE  
 CITY-ST-ZIP MARATHON FL 33050-2931

TITLE ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS 11500 SUMMIT WEST BLVD #21A  
 CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

*Ronald L. Andreason*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2000

Date

813-983-0012

Daytime Phone #

CR2E034 (9/99)