

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066268

1. Entity Name

ANDREW GENERAL CONTRACTORS, INC.

Principal Place of Business

709-A BROOKHAVEN DR
ORLANDO FL 32803
US

Mailing Address

709-A BROOKHAVEN DR
ORLANDO FL 32803
US

2. Principal Place of Business

2301 MERCATOR DR.

Suite, Apt. #, etc.

3. Mailing Address

2301 MERCATOR DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32807

Country

USA

Zip

32807

Country

USA

6. Name and Address of Current Registered Agent

ANDREW, TODD M
2860 GOLDENROD DR
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name SAME

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

2301 MERCATOR DR.

City

ORLANDO

FL

Zip Code

32807

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, 2001 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

TITLE P
NAME ANDREW, TODD M
STREET ADDRESS 2860 GOLDENROD DR
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME
NAME SAME
STREET ADDRESS 2301 MERCATOR DR.
CITY-ST-ZIP ORLANDO, FL 32807 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90036 036 ***150.00

BUUUU



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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