

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

04-17-2001 90145 002 ***150.00

DOCUMENT # P97000031613

1. Entity Name

ANDRESS, IERNA & JONES AGENCY, INC.

Principal Place of Business

Mailing Address

**2045 US 1
 VERO BEACH FL 32960**

**2045 US 1
 VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0756616**

Applied For

Not Applicable

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

**ANDRESS, BRUCE J
 2045 US 1
 VERO BEACH FL 32960**

Name **PAUL IERNA**

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

2045 US 1

City **VERO BEACH, FL**

FL

32960

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 fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES ANDRESS, BRUCE J 927 15TH PLACE VERO BEACH FL 32960	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDRESS, J K 927 15TH PLACE VERO BEACH FL 32960	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDRESS, BARBARA K 927 15TH PLACE VERO BEACH FL 32960	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 2045 US 1	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY 2045 US 1	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER 2045 US 1	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. PAUL IERNA 2045 US 1 VERO BEACH, FL 32960	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRES KATHY JONES 2045 US 1 VERO BEACH, FL 32960	☐ 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(2)(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 recorder or clerk empowered to file 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 #

CR2E034 (10/00)