

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005873

1. Entity Name

Andrews Brothers Printing, Inc



FILED

03 FEB -3 AM 8: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

131 Hospital Dr

3. Mailing Address

P.O. Box 4460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Walton Beach, FL

City & State

Ft Walton Beach, FL

Zip

32548

Country

USA

Zip

32549

Country

USA

4. FEI Number

59332511-88

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Dale Andrews

Street Address P.O. Box Number is Not Acceptable

613 Burgundy Ln

City Ft Walton Beach

FL

Zip Code 32548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OWNER / PRESIDENT
NAME	Dale Andrews
STREET ADDRESS	613 Burgundy Ln
CITY-ST-ZIP	Ft Walton Beach, FL 32548
TITLE	OWNER / VICE PRESIDENT
NAME	Derrell Andrews
STREET ADDRESS	8962 Ellen Ct
CITY-ST-ZIP	Navarre, FL 32566
TITLE	TREASURER
NAME	Debbie Andrews
STREET ADDRESS	613 Burgundy Ln
CITY-ST-ZIP	Ft Walton Beach, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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

1-29-03

Daytime Phone #

CR2E034B (12/02)



NDRE
BROS
PRINTING

272

January 29, 2003

Uniform Business Report
Division Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Please find the enclosed forms for 2002 and 2003 for our company. I was unaware, being a new employee to the business, that we had to complete these and send them in yearly. When I was informed that we were not on the list, I called our accountant, and he phoned your office. Our yearly form was mailed to 17 N. Eglin Parkway and we had unfortunately moved. So, our penalty was waived and enclosed is our check for the two years.

Thank you so much for your prompt attention concerning this matter.

Sincerely,

Debbie Andrews