

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015583

1. Entity Name

ANDY'S FOOD EQUIPMENT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90396 036 ***150.00

Principal Place of Business

825 A. PHILLIP RANDOLPH
 JACKSONVILLE FL 32202

Mailing Address

825 A. PHILLIP RANDOLPH
 JACKSONVILLE FL 32206-5788

2. Principal Place of Business

825 A. PHILLIP RANDOLPH

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

same

4. FEI Number

59-3503166

Applied For

Not Applicable

Zip 32206

Country Duval

Zip 32206

Country Duval

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

MAHLER, GEORGE
 825 A PHILLIP RANDOLPH ST
 JACKSONVILLE FL 32206

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 | PVST | <input type="checkbox"/> Delete |
| NAME | SMITH, F. ANDERSON | |
| STREET ADDRESS | 825 A. PHILLIP RANDOLPH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, F. ANDERSON | |
| STREET ADDRESS | 825 A. PHILLIP RANDOLPH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000

Date

904 791-9116

CR2E034 (9/99)