2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P98000079336 ANDY'S GOLF SHOP, INC. 02-01-2001 90022 029 ***150.00 Principal Place of Business Mailing Address 9203 MARQUIS CT 9203 MARQUIS CT **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 3. Mailing Address 9134 Indian Rwer Run Principal Place of Business 9134 Indian River Run Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0862882 Soynton Beach bynton Beach Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, ANDREW E Street Address (P.O. Box Number is Not Acceptable) 9134 Instan River Run 9203 MARQUIS CT **BOYNTON BEACH FL 33437** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME ANDERSON, ANDREW E NAME 9134 Indian River Run STREET ADDRESS STREET ADDRESS 9203 MARQUIS CT-CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL 33437** Addition □ Delete TITLE NAME ANDERSON, PAMELA NAME 9134 Indian River Run STREET ADDRESS -9203-MARQUIS CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL 33437** ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

561-319-71617

Daytime Phone #