

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90363 025 ***150.00

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DOCUMENT # **P99000000489**

1. Entity Name
ANDRICHUK & ASSOCIATES, INC.



Principal Place of Business

~~211 SOUTH DALE MABRY~~
~~TAMPA FL 33609~~

Mailing Address

~~211 SOUTH DALE MABRY~~
~~TAMPA FL 33609~~

2. Principal Place of Business

16919 Melissa Ann Dr.
Suite, Apt. #, etc.

3. Mailing Address

16919 Melissa Ann Dr.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-3549252

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRICHUK, GUY C

~~19415 WYNDMILL CIRCLE~~
~~ODESSA FL 33556~~

7. Name and Address of New Registered Agent

Name

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

16919 Melissa Ann Drive

City

Lutz

FL

Zip Code

33558

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PVST ANDRICHUK, GUY C**
STREET ADDRESS ~~211 SOUTH DALE MABRY~~
CITY-ST-ZIP **TAMPA FL 33609**

TITLE Change Addition
NAME
STREET ADDRESS **16919 Melissa Ann Drive**
CITY-ST-ZIP **Lutz, FL 33558**

TITLE Delete
NAME **D ANDRICHUK, GUY C**
STREET ADDRESS ~~211 SOUTH DALE MABRY~~
CITY-ST-ZIP ~~TAMPA FL 33609~~

TITLE Change Addition
NAME
STREET ADDRESS **16919 Melissa Ann Drive**
CITY-ST-ZIP **Lutz, FL 33558**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/03** Daytime Phone # **813-969-4667**

CR2E034 (10/02)