

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90002 015 ***550.00

DOCUMENT # P99000006810

1. Entity Name
ANDRE'S AUTO & TRUCK SERVICES, INC.

Principal Place of Business 605 LIMETREE DRIVE OLDSMAR FL 33777	Mailing Address 605 LIMETREE DRIVE OLDSMAR FL 34677-2607
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2. Principal Place of Business 430 Douglas Road, East Suite, Apt. #, etc. Ste. E	3. Mailing Address Suite, Apt. #, etc.
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City & State Oldsmar, Fla.	City & State	4. FEI Number 65-0894838	Applied For Not Applicable
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Zip 34677-2909	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILOT, ANDRE 605 LIMETREE DRIVE OLDSMAR FL 33777		7. Name and Address of New Registered Agent Name MILOT, ANDRE Street Address (P.O. Box Number is Not Acceptable) 605 LIMETREE DRIVE OLDSMAR, FL 34677-2607 City FL Zip Code	
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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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILOT, ANDRE 605 LIMETREE DRIVE OLDSMAR FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILOT, ANDRE 605 LIMETREE DRIVE OLDSMAR, FL 34677-2607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP CODE ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MILOT, ANNE 605 LIMETREE DRIVE OLDSMAR FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MILOT, ANNE 605 LIMETREE DRIVE OLDSMAR, FL 34677-2607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP CODE ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anne Milot ANNE MILOT 6/19/00 (813) 855-3010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #