

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

FILED

Apr 18, 2000 8:00 am
Secretary of State

03-04-2000 90108 023 ***150.00

04-18-2000 90805 014 *****8.75

DOCUMENT # P99000081063

1. Entity Name
ANDY'S HOME SERVICES, INC.

Principal Place of Business

209 NORTH SEACREST BLVD.
BOYNTON BEACH FL 33435

Mailing Address

209 NORTH SEACREST BLVD.
BOYNTON BEACH FL 33435-4841

2. Principal Place of Business

50 SE 12TH ST
Suite, Apt. #, etc. 161

3. Mailing Address

50 SE 12TH ST
Suite, Apt. #, etc. 161

City & State
BOCA RATON FL

Zip Country
33432 US

City & State
BOCA RATON FL

Zip Country
33432 US

4. FEIN Number
65 095 2252

Applied For
Not Applicable

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

MCGOEY, MICHAEL J
209 NORTH SEACREST BLVD.
BOYNTON BEACH FL 33435

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 principal 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACCOW, MARCOS A
209 NORTH SEACREST BLVD.
BOYNTON BEACH FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
50 SE 12TH ST APT 161
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
716 CHAUMONT AVE 43.00
DELRAY BCH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.00

Date

561-239-3214 CL

Daytime Phone

CR2E034 (9/99)