

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90259 033 \*\*\*150.00

**DOCUMENT # P99000085867**

1. Entity Name

**B AND E FANDREY, INC.**

Principal Place of Business

C/O CAROL MCATEE  
 5156 CENTRAL AVENUE  
 ST. PETERSBURG FL 33707

Mailing Address

C/O CAROL MCATEE  
 5156 CENTRAL AVENUE  
 ST. PETERSBURG FL 33707-1833

2. Principal Place of Business

**1874 Sierra Circle**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Largo, FL**

City & State

4. FEI Number  
**59-3601280**

Applied For  
 Not Applicable

Zip Country  
**33770 Pinellas**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCATEE, CAROL**  
**5156 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name  
**Bryan Fandrey**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1874 Sierra Circle**  
 City  
**Largo** **FL** Zip Code  
**33770**

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 *Bryan M Fandrey*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/00**  
 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

TITLE	Director	<input type="checkbox"/> Delete
NAME	Bryan Fandrey	
STREET ADDRESS	1874 Sierra Circle	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bryan M Fandrey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00**  
 Date

**727-585-9589**  
 Daytime Phone #

CR2E034 (9/99)