

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097871

1. Entity Name

ANDY NICE HOUSE, INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90159 012 ***150.00

Principal Place of Business 6747 SPRING RAIN DR. ORLANDO FL 32819	Mailing Address 6747 SPRING RAIN DR. ORLANDO FL 32819-4737
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11358 SOUTH ORANGE Suite, Apt. #, etc. Blossom TRAIL City & State ORLANDO, FL Zip 32837 Country U.S.A.	3. Mailing Address 11358 SOUTH ORANGE Suite, Apt. #, etc. Blossom TRAIL City & State ORLANDO, FL Zip 32837 Country U.S.A.
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4. FEI Number 59-3606044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUANG, GUO ZI
6747 SPRING RAIN DR.
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
HUANG, GUO ZI
Street Address (P.O. Box Number is Not Acceptable)
11358 S. ORANGE BLOSSOM TRAIL
City
ORLANDO FL Zip Code
32837

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 Guo Zi Huang DATE 2-18-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P HUANG, GUO ZI 6747 SPRING RAIN DR. ORLANDO FL 32819 <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
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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 Guo Zi Huang SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GUO ZI HUANG, PRESIDENT DATE 2-18-2000 DAYTIME PHONE # 407-457-4688

CR2E034 (9/99)