

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90019 032 ***150.00

DOCUMENT # 853713

1. Entity Name
ANDERSON PRODUCTS, INC.

Principal Place of Business

2366 ROSE PLACE
ROSEVILLE MN 55113

Mailing Address

2366 ROSE PLACE
ROSEVILLE MN 55113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-0670985

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if 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, 2001 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	P ANDERSON, LEE R., SR. 1106 MT CURVE MINNEAPOLIS MN	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEADIE, WILLIAM M. 705 MONTCALM ST. PAUL MN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RACHEY, LOREN R. 6630 HEMLOCK LANE MAPLE GROVE MN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANDERSON, LEE R. SR.(CHM 1106 MT. CURVE AVE. MINNEAPOLIS MN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jessen, Jeff 10148 Quarry Hill Place Parker, CO 80134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANDERSON, LEE R 3800 Rum Row Naples, FL 34102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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

4/03/01 (651) 636-4320
Date Daytime Phone #

CR2E034 (10/00)