

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90151 034 \*\*\*150.00

**DOCUMENT# J15438**

1. Entity Name

**ANDERSON PUMP SERVICE, INC.**

Principal Place of Business

**1455 NE 179TH ST  
 NORTH MIAMI FL 33162  
 US**

Mailing Address

**1455 NE 179TH ST  
 NORTH MIAMI FL 33162  
 US**

**713367**

2. Principal Place of Business

**621 NW 186th Street**

3. Mailing Address

**621 NW 186th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE  
*New: 65-106 9994*



City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **59-2687795**

Applied For

Not Applicable

Zip  
**33169**

Country  
**USA**

Zip  
**33169**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**ANDERSON, JAMES L  
 1455 NE 179TH ST  
 NORTH MIAMI FL 33162**

7. Name and Address of New Registered Agent

Name  
**MALCOLM THOMAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**621 NW 186th Street**  
 City  
**MIAMI, FL** Zip Code  
**33169**

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

*Malcolm Thomas* *James L. Anderson*

*2/2/01*

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	<b>PST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, JAMES L.</b>	
STREET ADDRESS	<b>1455 NE 179TH ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, JAMES L.</b>	
STREET ADDRESS	<b>1455 NE 179TH ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	<b>MALCOM THOMAS PST</b>	<input type="checkbox"/> Delete
NAME	<b>MALCOM THOMAS</b>	
STREET ADDRESS	<b>621 NW 186th Street</b>	
CITY-ST-ZIP	<b>Miami, Fl 33169</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JUDY THOMAS</b>	
STREET ADDRESS	<b>621 NW 186th St</b>	
CITY-ST-ZIP	<b>Miami, Fl 33169</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>CLARA I. COLITZ</b>	
STREET ADDRESS	<b>220 NW 126th St</b>	
CITY-ST-ZIP	<b>Miami, Fl 33168</b>	
TITLE		<input type="checkbox"/> Delete
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
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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:

*Malcolm Thomas*

FEBRUARY 2, 2001 305945-6495

Date

Daytime Phone #

CR2E034 (10/00)