2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J15438

1. Entity Name

ANDERSON PUMP SERVICE, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90546 008 ***150.00

Principal Place 621 NW 186TO MIAMI FL 331 US	H ST	s -	621 N	Mailing Address 621 NW 186TH ST MIAMI FL 33169 US									
2. Principal F	Place of Busin	3. Mail	3. Mailing Address										
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				65-106000 <i>l</i>			Applied For	}	
Zip		Country	Zip		Country			5. C	ertificate of Status Desired		\$8.75 Ac	dditional	1
6. Name and Address of Curre			urrent Registere	nt Registered Agent				7. Name and Address of New Registered Agent					1
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PAMOUT	MALCOLM	المريح فنستساره	رسد نير		<u> </u>				ع ويه ما دما ح چيپ	ر حریست]
THOMAS, MALCOLM 621 NW 186TH ST						Street Add	dress (P.	O. Bo	x Number is Not Acceptable)				
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Miami Fl	33169												
						City				FL	Zip Co	de	1
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	tions of regist		nent for the purpo	ose of changing its	register	rea onice or re	egistered	a age	nt, or both, in the State of Fior	ida. Tam t	amıllar with	i, and accept	
SIGNATURE		or printed name of registere	d agent and title if appl	icable, (NOT	E: Register	ed Agent signature	required w	vhen rein	nstating)	DATE			
				<u> </u>	,			1					}
		!! FEE IS \$150.0)3 Fee will be \$55							9. Election Campaign Fina	encing	\$5.	00 May Be	
Make Check	r May 1,201 k Pavahle to	o Florida Departm	ent of State						Trust Fund Contribution.		Adde	ed to Fees	ļ
10.			AND DIRECTOR		11.			ADE	DITIONS (CHANCES TO OFFIC	CEDE AND	DIDECTO	20 INL 11	ļ
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	ertify that the	information supplie	d with this filing o	does not qualify for			l in Sect	tion 1	19.07(3)(i), Florida Statutes. I f	urther certi	fy that the	information	l
لمحقم ما أمحا									· · · · · · · · · · · · · · · · · · ·		.,		

2. 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 10 or Block 11 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

1/16/03 305-945-64