2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48507

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90001 045 ***150.00

1. Entity Name
ANDERS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
C/O MRS. MARJORIE ANDERS 9641 DEEPWATER COURT NAPLES, FL 34109	C/O MRS. MARJORIE ANDERS 9641 DEEPWATER COURT NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
ANDERS INSURANCE AGENCY, INC.		ANDERS INSURANCE AGENCY, INC.	
Suite, Apt. #, etc. 9641 DEEPWATER CT		Suite Apt. #, etc. 9641 DEEPWATER CT	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34109	Country USA	Zip 34109	Country USA

4. FEI Number 650104157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN PAULICH III
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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] 4/6/00
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P MARJORIE ANDERS 9641 DEEPWATER COURT NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: MARJORIE ANDERS Marjorie Anders 4/11/00 9415926403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #