

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90196 034 ***150.00

DOCUMENT # P0000091253

1. Entity Name
ANDERSON TECHNICAL SYSTEMS, INC.



Principal Place of Business
**3403 WILLOW OAK DR.
EDGEWATER, FL 32141**

Mailing Address
**3403 WILLOW OAK DR.
EDGEWATER, FL 32141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3672171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, TIMOTHY S
3403 WILLOW OAK DR.
EDGEWATER, FL 32141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent's signature required when reinstating.

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 fee will be \$250.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ANDERSON, TIMOTHY S	
STREET ADDRESS	3403 WILLOW OAK DR.	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	V	<input type="checkbox"/> Delete
NAME	NATHANIEL S. ANDERSON	
STREET ADDRESS	1030 TRAVELERS PALM	
CITY-ST-ZIP	EDGEWATER, FL. 32132	
TITLE	T	<input type="checkbox"/> Delete
NAME	JASON D. ANDERSON	
STREET ADDRESS	3403 WILLOW OAK DR.	
CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 another like empowered.

SIGNATURE:

Timothy S. Anderson
TIMOTHY S. ANDERSON

4/14/03

386-423-2500

TYPED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)