

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90065 047 ***150.00

MANCER AV

DOCUMENT # 232270

1. Entity Name

ANDERSON ENTERPRISES INC OF TAMPA

Principal Place of Business

**3211 W SWANN
 #207
 TAMPA FL 33609**

Mailing Address

**3211 W SWANN
 #207
 TAMPA FL 33609**

2. Principal Place of Business

3817 N. Oak Dr

Suite, Apt. #, etc.

H-21

3. Mailing Address

3817 N. Oak Dr

Suite, Apt. #, etc.

H-21

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611

Country

USA

Zip

33611

Country

USA

4. FEI Number

59-0912825

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, JAMIE S
 3211 W SWANN AVE
 #207
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **JAMIE S. ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)

3817 N. Oak Dr

H-21

City

Tampa

FL

Zip Code

33611

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 **Jamie S. Anderson**

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

(NOTE: Registered Agent signature required when reinstating)

1-14-02

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, 2002 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

TITLE **PS** ☒ Delete
 NAME **ANDERSON, JAMIE S.**
 STREET ADDRESS **3211 W SWANN**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
 NAME **JAMIE S. ANDERSON**
 STREET ADDRESS **3817 N. Oak Dr H-21**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Mary Elizabeth Anderson**
 STREET ADDRESS **4433 W. Bay Villa**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **William L. Anderson** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **5420 Livingston Ave # 2915**
 CITY-ST-ZIP **Lutz, FL 33559**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Jamie S. Anderson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMIE S. ANDERSON

1-14-02 813 835-0337

Date

Daytime Phone #

CR2E034 (9/01)