

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90169 038 ***150.00

DOCUMENT # 466255

1. Entity Name
ANDERSON AND SONS, INC.

Principal Place of Business
1401 NO. TAMiami TRAIL
BOX 1414
RUSKIN FL 33570

Mailing Address
1401 NO. TAMiami TRAIL
BOX 1414
RUSKIN FL 33570

2. Principal Place of Business
4331 Cockroach Bay Road
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1414
 Suite, Apt. #, etc.

City & State
Ruskin FL
 Zip
33570
 Country
Hillsborough

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Ruskin FL
 Zip
33570
 Country
Hillsborough

4. FEI Number
59-1579143

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, JAMES F.
1401 N TAMiami TRAIL
RUSKIN FL 33570

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, 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, 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
PST
 NAME
ANDERSON, JAMES F.
 STREET ADDRESS
3941 24TH ST SE
 CITY-ST-ZIP
RUSKIN FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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 the owner of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that I have not changed, or on an attachment with an address, with all other like empowered.

SIGNATURE OF REGISTERED AGENT

CR2E034 (9/01)