

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90109 041 \*\*\*150.00

DOCUMENT # 473863

1. Entity Name

ANDERSON & ANDERSON, P.A.

Principal Place of Business

515 SOUTH CALIFORNIA AVE  
STAURT FL 34994

Mailing Address

515 SOUTH CALIFORNIA AVE  
STAURT FL 34994

2. Principal Place of Business

1950 SE Pt. St. Lucie Blvd

3. Mailing Address

P.O. Box 22925

Suite, Apt. #, etc.

Suite 201-204

Suite, Apt. #, etc.

City & State

Pt. St. Lucie, FLA.

City & State

Ft. Lauderdale, FLA.

Zip

34952

Country

St. Lucie

Zip

33335-2925

Country

Browards

4. FEI Number

59-1582029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CAROL M.  
515 SO. CALIFORNIA AVE  
STUART, FL 34994-9946

7. Name and Address of New Registered Agent

Name

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

1950 SE Pt. St. Lucie Blvd

City  
Port St. Lucie

FL

Zip Code

34952

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

CAROL M. ANDERSON, PTD

Carol

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, 2001 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 PTD ☐ Delete  
NAME ANDERSON, CAROL M  
STREET ADDRESS 515 S CALIFORNIA AVE  
CITY-ST-ZIP STUART FL 34994

TITLE VDS ☐ Delete  
NAME ANDERSON, PHILIP S  
STREET ADDRESS 515 S CALIFORNIA AVE  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Address change only:  
STREET ADDRESS 1950 SE Pt. St. Lucie Blvd  
CITY-ST-ZIP Port St. Lucie, FLA. 34952

TITLE ☒ Change ☐ Addition  
NAME Address change only:  
STREET ADDRESS 1950 SE Pt. St. Lucie Blvd  
CITY-ST-ZIP Port St. Lucie, FLA. 34952

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

CAROL M. Anderson

Date

Daytime Phone #

CR2E034 (10/00)