

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90041 037 ***150.00

0093356 AV

DOCUMENT # 553287

1. Entity Name

HARRY K. ANDERSON, JR., P.A.

Principal Place of Business

**37 N. ORANGE AVE.
 STE 300
 ORLANDO FL 32801
 US**

Mailing Address

**37 N. ORANGE AVE.
 STE 300
 ORLANDO FL 32801
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

930 VERSAILLES CIRCLE

3. Mailing Address

P.O. Box 947749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FLORIDA

City & State

MAITLAND, FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

32751

ORANGE

Zip

Country

32794-7749

ORANGE

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, HARRY K., JR.
 37 N. ORANGE AVE.
 STE 300
 ORLANDO FL 32801**

Name

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

930 VERSAILLES CIRCLE

City

MAITLAND

FL

Zip Code

32751

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **ANDERSON, HARRY K, JR**
 STREET ADDRESS **37N. ORANGE AVE. STE 300**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
 NAME **930 VERSAILLES CIRCLE**
 STREET ADDRESS **MAITLAND, FLORIDA 32751**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)