

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

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90567 035 \*\*\*158.75

DOCUMENT # 562759  
1. Entity Name  
WALTER ANDERSON INTERPRETING, INC.  
6925 E Hwy 22 Panama City FL 32404

**DO NOT WRITE IN THIS SPACE**

759115

2. Principal Place of Business  
6925 E Hwy 22  
Suite, Apt. #, etc.

3. Mailing Address  
6925 E Hwy 22  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Panama City, FL  
Zip  
32404  
Country  
USA

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32404  
Country  
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4. FEI Number  
59-1812592  
Applied For  
 Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
WALTER O ANDERSON  
Street Address (P.O. Box Number is Not Acceptable)  
6925 E Hwy 22  
City  
Panama City FL Zip Code  
32404

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>PRES</u><br><u>WALTER O ANDERSON</u><br><u>6925 E Hwy 22</u><br><u>Panama City FL 32404</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.  
SIGNATURE: Walter O Anderson Pres Date 29 Mar 02 950-871-4448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)