

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90031 035 \*\*\*150.00

**DOCUMENT # 837649**

Entity Name

**ANDERSEN & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

1015  
 MI 48393-1015

30575 ANDERSEN CT  
 P.O. BOX 1015  
 WIXOM MI 48393-1015  
 US

DUPLICATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number **38-1722178**

Applied For  
 Not Applicable

Country

Zip

Country

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

**TYMOSKO, DENNIS J.**  
**4722 NW 165TH ST**  
**HIALEAH FL 33014**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS	ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CD		<input type="checkbox"/> Delete	CAMPAU, THOMAS M.	30575 ANDERSEN CT	WIXOM MI 48393		
P		<input type="checkbox"/> Delete	O'DETTE, JAMES J.	30575 ANDERSEN CT	WIXOM MI 48393		
S		<input type="checkbox"/> Delete	FORESTER, THOMAS	30575 ANDERSEN CT	WIXOM MI 48393		
CE		<input type="checkbox"/> Delete	ANDERSEN, HANS JR	6321 PANORAMA DR.	BRENTWOOD TN		
AT		<input type="checkbox"/> Delete	VOUGHT, CORY	30575 ANDERSON CT	WIXOM MI 48393		
VP		<input type="checkbox"/> Delete	TAPPAN, CHARLES	30575 ANDERSEN CT	WIXOM MI 48393		

CR2E034 (9/99)

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 furnished 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 applicable, 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 #

*Charles Tappan*

2/15/00