

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855990

1. Entity Name
ANDERSON ROOFING CO., INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90074 029 ***150.00

Principal Place of Business

Mailing Address

810 FLINT AVE.
ALBANY GA 31701-2418

P.O. BOX 976
ALBANY GA 31702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1213671

Applied For

Not Applicable

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, BRUCE P.
522-524 N. ADAMS
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)
2804 Remington Green Circle

Suite 4

City Tallahassee, FL

FL

Zip Code 32317-2429

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 Bruce P. Anderson

[Signature]

1-10-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, PAUL M., JR.	
STREET ADDRESS	401 S. AUDUBON	
CITY-ST-ZIP	ALBANY GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, PAUL M., III	
STREET ADDRESS	2209 W.DOUBLEGATE DR.	
CITY-ST-ZIP	ALBANY GA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDERSON, RUTH O.	
STREET ADDRESS	401 S. AUDUBON	
CITY-ST-ZIP	ALBANY GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul M. Anderson, III, Vice-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2001 229=436=8407

Date

Daytime Phone #

CR2E034 (10/00)