

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002191**

1. Entity Name

MERVYN S. ANDERSON CONSTRUCTION, INC.**FILED****Apr 14, 2000 8:00 am**
Secretary of State

04-14-2000 90011 005 ***150.00

Principal Place of Business

Mailing Address

1521 BROOKSIDE BLVD.
LARGO FL 337701521 BROOKSIDE BLVD.
LARGO FL 33770-2705

2. Principal Place of Business

3. Mailing Address

3220 CITRUS CT.**3220 CITRUS CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33770

Country

Zip

33770

Country

4. FEI Number

75-2797956

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, KORI**1521 BROOKSIDE BLVD.****LARGO FL 33770**

Name

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

3220 CITRUS CT

City

LARGO**FL**

Zip Code

33770

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 **KORI ANDERSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-009. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **DPT** ☐ Delete
NAME **ANDERSON, SCOTT**
STREET ADDRESS **1521 BROOKSIDE BLVD.**
CITY-ST-ZIP **LARGO FL 33770**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVS** ☐ Delete
NAME **ANDERSON, KORI**
STREET ADDRESS **1521 BROOKSIDE BLVD.**
CITY-ST-ZIP **LARGO FL 33770**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

KORI ANDERSON

Date

4-10-00

Daytime Phone #

727-584-8284

CR2E034 (9/99)