

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90383 006 \*\*\*150.00

**DOCUMENT # F99000002191**

1. Entity Name

**MERVYN S. ANDERSON CONSTRUCTION, INC.**

Principal Place of Business

**2400 BAYSHORE DR  
 BELLEAIR BEACH FL 33786**

Mailing Address

**2400 BAYSHORE DR  
 BELLEAIR BEACH FL 33786**

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

**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  
 3220 CITRUS COURT  
 LARGO FL 33770**

Name

**Kori Anderson**

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

**2400 Bayshore Dr.**

City

**Belleair Beach**

**FL**

Zip Code

**33786**

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*

(NOTE: Registered Agent signature required when reinstating)

**7-22-02**

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 ☐ Delete  
 NAME **DPT**  
 STREET ADDRESS **ANDERSON, SCOTT**  
 CITY-ST-ZIP **1521 BROOKSIDE BLVD.  
 LARGO FL 33770**

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

TITLE ☐ Delete  
 NAME **DVS**  
 STREET ADDRESS **ANDERSON, KORI**  
 CITY-ST-ZIP **1521 BROOKSIDE BLVD.  
 LARGO FL 33770**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

*Kori Anderson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-22-02**

Date

**751-517-0006**

Daytime Phone #

CR2E034 (9/01)

Attachment

7-23-02

To Whom It May Concern:

676146

#F99000002191

I received this report at  
the previous address - Citrus Ct -  
~~the tenant~~ of that address just  
delivered this to me.

Our new address is written on  
the form. Thank you for your  
attention in this matter.

Sincerely,

Koni Ilesca