2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52147

1. Entity Name

ANDERSON & ANDERSON, CPA'S, P.A.

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90023 046 ***150.00

Principal Place of Business	Mailing Address
2708 N. DUNDEE ST. TAMPA FL 33629	2708 N. DUNDEE ST. TAMPA FL 33629-6412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5007 W. SAN JOSE ST.	5007 W. SAN JOSE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

4. FEI Number 59-2519040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, MARLIN A.
~~2708 N. DUNDEE ST.~~
~~TAMPA FL 33629~~

7. Name and Address of New Registered Agent

Name: ANDERSON, MARLIN A.
Street Address (P.O. Box Number is Not Acceptable): 5007 W. SAN JOSE ST
City: TAMPA FL Zip Code: 33629

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

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ANDERSON, MARLIN A	NAME	
STREET ADDRESS	~~2708 N. DUNDEE ST.~~	STREET ADDRESS	5007 W. SAN JOSE ST.
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	TAMPA, FL 33629
TITLE	V ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ANDERSON, JOYCE B	NAME	
STREET ADDRESS	~~2708 N. DUNDEE ST.~~	STREET ADDRESS	5007 W. SAN JOSE ST.
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	TAMPA, FL 33629
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] MARLIN ANDERSON 1/7/00 813-288-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #