

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90034 047 \*\*\*150.00

**DOCUMENT # K41687**

1. Entity Name  
**ANDERSON ARCHITECTURE, INC.**

Principal Place of Business  
**399 WEST CAMINO GARDENS BOULEVARD  
 SUITE 202  
 BOCA RATON FL 33432**

Mailing Address  
**399 WEST CAMINO GARDENS BOULEVARD  
 SUITE 202  
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

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

**ANDERSON, ERIC  
 23065 L'ERMITAGE CIRCLE  
 BOCA RATON FL 33433**

Name

**Anderson, Eric**

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

**2198 Hermoso Rd**

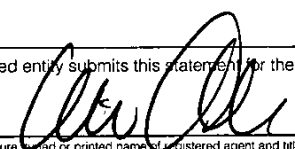
City

**Boca Raton FL**

Zip Code

**33486**

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  **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-05-01**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>ANDERSON, ERIC</b>	<b>2198 HERMOSO RD</b>	<b>BOCA RATON FL 33486</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

**1-5-01**

Daytime Phone #

**561-362-0220**

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE