

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91321 014 ***158.75

DOCUMENT # L53919

1. Entity Name
ANDERSON INVESTMENT GROUP, INC.

Principal Place of Business

366 FLEMING ST
SEBASTIAN FL 32958

Mailing Address

366 FLEMING ST
SEBASTIAN FL 32958

2. Principal Place of Business

366 FLEMING ST
 Suite, Apt. #, etc.

3. Mailing Address

366 FLEMING ST
 Suite, Apt. #, etc.

City & State

SEBASTIAN Florida

City & State

SEBASTIAN Florida

Zip

32958

Country

USA

Zip

32958

Country

USA

4. FEI Number

59-3333352

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, FRED
1001 FOSTER ROAD
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	ANDERSON, FRED W	
STREET ADDRESS	1001 FOSTER RD	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, FRED W	
STREET ADDRESS	1001 FOSTER RD	
CITY-ST-ZIP	SEBASTIAN FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred W. Anderson JR.	
STREET ADDRESS	9385 Honeysuckle LN	
CITY-ST-ZIP	SEBASTIAN Florida 32976	
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		
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:

SIGNATURE REQUIRED
Fred W. Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred W. Anderson

4-23-02 561-388-3621
 Date Daytime Phone #

CR2E034 (9/01)