

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90179 031 ***150.00

DOCUMENT # P00000023810

1. Entity Name

ANDERSON AGENCY, INC.

Principal Place of Business

2755 E OAKLAND PARK, STE. 101
 FT LAUDERDALE FL 33306

Mailing Address

2755 E OAKLAND PARK, STE. 101
 FT LAUDERDALE FL 33306

2. Principal Place of Business

3801 N. University Dr

3. Mailing Address

SAME

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

4. FEL Number

650990256

Applied For

Not Applicable

Zip

33351

Country

Florida

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, PAUL J

**2755 E OAKLAND PARK, STE. 101
 FT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

ANDERSON, MELINDA

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

3801 N. UNIVERSITY DR.

206

City

SUNRISE,

FL

Zip Code

33351

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

Melinda Anderson President Melinda Anderson

1/31/01

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, 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 **D** ☒ Delete
 NAME **LANE, PAUL J**
 STREET ADDRESS **2755 E OAKLAND PARK, STE. 101**
 CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.P** ☐ Change ☒ Addition
 NAME **ANDERSON, MELINDA**
 STREET ADDRESS **3801 N. UNIVERSITY DR. # 206**
 CITY-ST-ZIP **SUNRISE, FL 33351**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Melinda Anderson President

Date

Daytime Phone #

(954)

748-1700

CR2E034 (10/00)