

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037855

1. Entity Name
ANDERSEN DRYWALL, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90134 050 ***150.00

Principal Place of Business
**7 PRINCE KAAREL LN.
PALM COAST FL 32164**

Mailing Address
**7 PRINCE KAAREL LN.
PALM COAST FL 32164**

2. Principal Place of Business
33 Prince Michael Lane

3. Mailing Address
33 Prince Michael Lane



DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
59-3649211

6. Name and Address of Current Registered Agent
**ANDERSEN, RAYMOND JR.
7 PRINCE KAAREL LN.
PALM COAST FL 32164**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
33 Prince Michael Lane
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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSEN, RAYMOND JR.		NAME		
STREET ADDRESS	7 PRINCE KAAREL LN.		STREET ADDRESS	33 Prince Michael Lane	
CITY-ST-ZIP	PALM COAST FL 32164		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: _____ Date **3/21/01** (904) 446-2876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)