

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90146 026 ***150.00

DOCUMENT # 00000059071

1. Entity Name
Anderson Marketing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6265 Emerald Pines Cir.

Suite, Apt. #, etc.

3. Mailing Address
6265 Emerald Pines Cir.

Suite, Apt. #, etc.

City & State
Ft. Myers, FL

Zip
33912

Country
U.S.A.

City & State
Ft. Myers, FL

Zip
33912

Country
U.S.A.

4. FEI Number
65-1015956

Applied For

Not Applicable

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

B0057275

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joanne Anderson

Street Address (P.O. Box Number is Not Acceptable)
6265 Emerald Pines Cir

City Ft. Myers

FL

Zip Code
33912

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>D</u> <u>Joanne Anderson</u> <u>6265 Emerald Pines Cir.</u> <u>Ft. Myers, FL 33912</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

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

3-20-02
Date

Daytime Phone #

CR2E034B (12/01)