

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90072 020 ***150.00

0113668 AT

DOCUMENT # P00000069126

1. Entity Name
AR ANDERSON HOLDINGS, INC.

Principal Place of Business
1139 LEMON BLUFF RD
OSTEEN FL 32764

Mailing Address
1139 LEMON BLUFF RD
OSTEEN FL 32764

A0082131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3658454

Applied For

Not Applicable

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, ALLEN R
1139 LEMON BLUFF RD
OSTEEN FL 32764

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
 NAME **ANDERSON, ALLEN R**
 STREET ADDRESS **1139 LEMON BLUFF RD**
 CITY-ST-ZIP **OSTEEN FL 32764**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
P00000069126
A0082131

A R Anderson Holdings, Inc.

1139 Lemon Bluff Road
Osteen, FL 32764

August 13, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please accept my apology for being tardy on my UPR for 2001.

On October 31, 2000, I was admitted to Florida Hospital with a serious case of pneumonia and after serious complications was not released until later December 2000. The recuperation period was six months. Much of that time was a blur.

I do not recall receiving the first form due last May. I have enclosed the most recent forms received. At the suggestion of your office, I have included \$150.00 and this letter for your consideration and review.

If you require further documentation, I can provide letters from my "army" of doctors as well as medical receipts for expenses in excess of \$250,000.00.

Hoping for a positive response, I remain,

Sincerely yours,
Allen R. Anderson
President