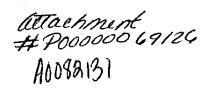
## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 20, 2001 8:00 am Secretary of State P00000069126 DOCUMENT # 1. Entity Name AR ANDERSON HOLDINGS, INC. 08-20-2001 90072 020 \*\*\*150 00 Principal Place of Business Mailing Address \ 1139 LEMON BLUFF RD 1139 LEMON BLUFF RD TOTZERRY OSTEEN FL 32764 OSTEEN FL 32764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, ALLEN R Street Address (P.O. Box Number is Not Acceptable) 1139 LEMON BLUFF RD OSTEEN FL 32764 City Zip Code 8. The at pve named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (5/01 ☐ Change ☐ Addition ANDERSON, ALLEN R NAME NAME 1139 LEMON BLUFF RD STREET ADDRESS STREET ADDRESS OSTEEN FL 32764 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 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 supplied ental 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 of trustee empty wered 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 attack DEALURED SIGNATURE:

Date

Daytime Phone #



## 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 cal 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