

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105059

1. Entity Name
ANDERSON POWER & COMMUNICATIONS INC.

Principal Place of Business
534 SW 133RD AVE
DAVIE FL 33325

Mailing Address
534 SW 133RD AVE
DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address
% Essential Business Services
8741 NW 57 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

Zip

Country

Zip

Country

FL 33351

4. FEI Number 65-1050764

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, KARL E.G. JR
534 SW 133RD AVE
DAVIE FL 33325

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karl E.G. Anderson Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/2/03
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 13, 2002 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 PVST
NAME ANDERSON, KARL E.G.
STREET ADDRESS 534 SW 133RD AVE
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600020686866
06/09/03--01081--012 **150.00

TITLE D
NAME ANDERSON, KARL E.G.
STREET ADDRESS 534 SW 133RD AVE
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

FILED

03 JUN - 5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE