2003 FOR PROFIT CORPORATION

P01000012170

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

ANDERSON UTILITY SERVICES, INC.



May 05, 2003 8:00 am & Secretary of State **FILED**

05-05-2003 90302 019 ***150.00

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Principal Place of Business 1600 HOWARD RD JACKSONVILLE FL 32218			Mailing Address 1600 HOWARD RD JACKSONVILLE FL 32218								ē	
2. Principal Place of Business			3. Mailing Address								<u> </u>	
0.35												
Suite, Apt.	. #, etc. →		Suite, Apt.	. #, etc.				CHECK HE	RE IF MA	KING C	HANGES	3
City & Stat	te		City & State			4.	4. FEI Number 59-3695810 Applied For					
Zip	· ·	Country	Zip Country				¢o :					Not Applicable
Ζiμ		Country	Zip		Journa y	5.	. Certificate o	f Status Desired	d 🗆		8.75 Adee Requir	
	6. Name a	and Address of Current I	Registered Age	ent		7.	Name and A	ddress of Nev	v Registe	red Ag	ent	
RICOME	D GEODGE	AA IN			Name							
BLOOMER, GEORGE M III 2362 A BLANDING BLVD			Street Addres			ress (P.O.	(P.O. Box Number is Not Acceptable)					
	URG FL 320							<u></u>				·
					City					FL	Zip Co	de
9. The phone	named entity	submits this statement for	the nurness of	abanaina ita saai	atorod office or re	aintocod o	Sant or both	in the State of			L. Little	and anneat
	tions of registe		tile purpose of	changing its regi	stered office of re	gistereu a	agent, or both	, in the state of	rioriua.	i arii iari	illiai witi i	, апо ассерс
SIGNATURE												
oran virone	Signature, typed o	printed name of registered agent a	nd title if applicable.	(NOTE: Reg	istered Agent signature r	equired when	reinstating)			ATE		
		FEE IS \$150.00 Fee will be \$550.00				-1	9. Elec	tion Campaign	Financin	9 _	\$5.	00 May Be
		Florida Department of	State				Trus	t Fund Contribu	tion.		Adde	ed to Fees
10.		OFFICERS AND I	DIRECTORS		11.	Α	ADDITIONS/C	HANGES TO C	FFICERS	AND D	IRECTOR	RS IN 11
TITLE	PD			□ Delete	TITLE		-				Change	☐ Addition
NAME STREET ADDRESS	ANDERSON 1600 HOW	N, JOSEPH M			NAME STREET ADDRESS							
CITY-ST-ZIP		/ILLE FL 32218			CITY-ST-ZIP							
TITLE				Delete	TITLE						☐ Change	Addition
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TITLE	6			Delete	TITLE	-					Channe	□ Addition

12. 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 10 or Block 10 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP