

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90089 023 ***550.00

DOCUMENT # P01000013595

1. Entity Name

ANDERSON STUCCO, INC.



Principal Place of Business

**8178 RIDGE RD
WEEKI WACHEE FL 34613**

Mailing Address

**8178 RIDGE RD
WEEKI WACHEE FL 34613**

90156528



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 **59-3697180**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANDERSON, JAMES L JR
10094 MAY GOLD LN
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent

Name **James Lee Anderson Jr.**

Street Address (P.O. Box Number is Not Acceptable)

8178 Ridge Rd

City **Weeki Wachee**

FL

Zip Code **34613**

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

James L Anderson

7/8/03

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW!!! FEE IS \$550.00~~

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D ANDERSON, JAMES L JR**
STREET ADDRESS **10094 MAY GOLD LN**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P Anderson James Lee Jr**
STREET ADDRESS **8178 Ridge Rd**
CITY-ST-ZIP **Weeki Wachee FL 34613**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03 929-544-3809
Date Daytime Phone #

0142184 AT

CR2E034 (4/03)