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May 05, 2003 8:00 am
Secretary of State

05-05-2003 91898 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80112197

DOCUMENT # P01000016395

1. Entity Name
ANDERSON ACCOUNTING, INC.

Principal Place of Business	Mailing Address
508 WITHERS COURT OCOEE, FL 34761	508 WITHERS COURT OCOEE, FL 34761

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8738 Pisa Drive		P. O. Box 683425	
Suite, Apt. #, etc. 628		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando, FL	
Zip 32810	Country Orange	Zip 32868	Country Orange

4. FEI Number 59-3698498 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SUSAN J
5200 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name: Ralph Anderson
Street Address (P.O. Box Number is Not Acceptable): 8738 Pisa Drive #628
City: Orlando FL Zip Code 32810

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: Ralph Anderson — DATE 5-1-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00!!
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST ANDERSON, RALPH E 508 WITHERS COURT OCOEE, FL 34761	☐ Delete	PD Anderson, Shonda 8738 Pisa Drive, Apt 628 Orlando, FL 32810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, RALPH E 508 WITHERS COURT OCOEE, FL 34761	☐ Delete	VSTD Anderson, Ralph 8738 Pisa Drive, Apt 628 Orlando, FL 32810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Ralph Anderson — 5-1-03 — 407-661-4045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #