

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90311 017 ***150.00

DOCUMENT # P01000104229

1. Entity Name

ANDERSON & SONS ENTERPRISES, INC.

Principal Place of Business

**2831 RINGLING BOULEVARD
 SUITE D-113
 SARASOTA FL 34237**

Mailing Address

**2831 RINGLING BOULEVARD
 SUITE D-113
 SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1692 WATERVIEW LOOP

Suite, Apt. #, etc.

1692 WATERVIEW LOOP

City & State

HAINES CITY, FL.

City & State

HAINES CITY, FL

Zip

Country

33844 U.S.

Zip

Country

33844 U.S.

4. FEI Number

03 - 0398394

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

MORGAN, HUGH

2831 RINGLING BOULEVARD

SUITE D-113

SARASOTA FL 34237

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00

**After May 1, 2002 Fee will be \$550.00
 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 **PRESIDENT / SECRETARY** ☐ Delete
 NAME **JAMES E ANDERSON**
 STREET ADDRESS **1692 WATERVIEW LOOP**
 CITY-ST-ZIP **HAINES CITY, FL 33844**

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

TITLE **VICE PRESIDENT / TREASURER** ☐ Delete
 NAME **ARLENE ANDERSON**
 STREET ADDRESS **1692 WATERVIEW LOOP**
 CITY-ST-ZIP **HAINES CITY, FL 33844**

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

TITLE **DIRECTOR** ☐ Delete
 NAME **STEPHEN ANDERSON**
 STREET ADDRESS **1692 WATERVIEW LOOP**
 CITY-ST-ZIP **HAINES CITY, FL 33844**

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

TITLE **DIRECTOR** ☐ Delete
 NAME **MICHAEL ANDERSON**
 STREET ADDRESS **1692 WATERVIEW LOOP**
 CITY-ST-ZIP **HAINES CITY, FL 33844**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES E ANDERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2002 863-421-8829
 Date Daytime Phone #

CR2E034 (9/01)