

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000015499**

1. Entity Name
CHARLENE A. ANDERSON, P.A.



Principal Place of Business
**11526 W. BAYSHORE DRIVE
CRYSTAL RIVER FL 34429**

Mailing Address
**11526 W. BAYSHORE DRIVE
CRYSTAL RIVER FL 34429**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**ANDERSON, CHARLENE A
11526 W. BAYSHORE DRIVE
CRYSTAL RIVER FL 34429**

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 *Charlene Anderson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/14/03*

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

TITLE: **D**
NAME: **ANDERSON, CHARLENE A**
STREET ADDRESS: **11526 W. BAYSHORE DRIVE**
CITY-ST-ZIP: **CRYSTAL RIVER FL 34429**

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:

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

SIGNATURE: *Charlene A. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

352-795-6811

Date

Daytime Phone #

55037915



CHECK HERE IF MAKING CHANGES

4. FEI Number 33-0994426	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Name ANDERSON, CHARLENE A
Street Address (P.O. Box Number is Not Acceptable) 11526 W. BAYSHORE DRIVE
City CRYSTAL RIVER FL 34429
FL Zip Code

CR2E034 (10/2002)