

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

3/

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-07-2003 90106 019 ***150.00

DOCUMENT # P02000039113

1. Entity Name
ANDERSON CONSULTING & MARKETING SYSTEMS, INC.



Principal Place of Business
**P. O. BOX 50067
SARASOTA FL 34232**

Mailing Address
**P. O. BOX 50067
SARASOTA FL 34232**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
City & State

4. FEI Number
03-0461658 Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAY, RICHARD B
6108 28TH STREET WEST
SUITE 2
BRADENTON FL 34207**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL	
STREET ADDRESS	P. O. BOX 50067	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL	
STREET ADDRESS	P. O. BOX 50067	
CITY-ST-ZIP	SARASOTA FL 34232	
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE: DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)