

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90143 006 ***150.00

DOCUMENT # P02000069942

1. Entity Name

ANDERSON-HEIDEL GROUP, INC.



Principal Place of Business

4411 BEE RIDGE RD. STE 388
SARASOTA FL 34233

see below

Mailing Address

4411 BEE RIDGE RD. STE 388
SARASOTA FL 34233

see below

2. Principal Place of Business

6151 Lake Osprey Dr.

3. Mailing Address

6151 Lake Osprey Dr.

Suite, Apt. #, etc.

Suite 335

Suite, Apt. #, etc.

Suite 335

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34240

Country

USA

Zip

34240

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2367218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, ABEL A

500 S FLORIDA AVE, STE 200
LAKELAND FL 33801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	ANDERSON, LYNN M	
STREET ADDRESS	4411 BEE RIDGE RD, STE 388	see right
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIDEL, JANICE P	
STREET ADDRESS	4411 BEE RIDGE RD, STE 388	see right
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIDEL, KENNEDY C	
STREET ADDRESS	4411 BEE RIDGE RD, STE 388	see right
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6151 Lake Osprey Dr., Ste 335
CITY-ST-ZIP	Sarasota, FL 34240
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6151 Lake Osprey Dr., Ste 335
CITY-ST-ZIP	Sarasota, FL 34240
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6151 Lake Osprey Dr., Ste 335
CITY-ST-ZIP	Sarasota, FL 34240
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN M. ANDERSON 01/08/2003

Date

Daytime Phone #