:00 am State

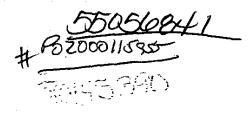
*158.75

2003 FOR PROFIT CORPORATION 9/8 UNIFORM BUSINESS REPORT (UBR)				July 1
OCUMENT #	P02000115955			09-08-2003 90125 011 ***

D ANDERSON PLANNING & DEVELOPMENT COMPANY 55056841 Principal Place of Business Mailing Address 930 MARTIN LUTHER KING, BLVD. P.O. BOX 24342 LAKELAND FL 33802 2ND FLOOR LAKELAND FL 33815 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES FEI Number 37-144067-9 City & State Applied For HIORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent -same-ANDERSON, MISCHELLE PR Street Address (PO, Box Number is Not Acceptable 930 MARTIN LUTHER KING, BLVD. 2ND FLOOR **LAKELAND FL 33815** 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE President ☐ Delete TITLE Change Addition NAME Mischelle Anderson NAME STREET ADDRESS 1017 Dorothy Street Lakelend FL 33815 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 trip an addiess, with all other like empowered.

SIGNATURE:





September 6, 2003

Division of Corporations
Uniform business Report Filing
PO Box 1500
Tallahassee, Elorida 32302-1500

To Whom It May Concern:

As indicated in the "Frequently Asked Questions" section of the UBR package, it states in number 1 that if this is the first notice that I had received, "the late fee can be waived." I sent in the UBR. Unfortunately, I didn't realize that I had forgot to attach the check. I never received a notice indicating the missing payment or any other notice for that matter. As such, as an officer of Anderson Planning and Development Company, I am requesting that the late filing fee of \$550.00 be waived. I am attaching the \$150.00 filing fee and the additional \$8.75 for a copy of the Certificate of Status of my company.

Thank you for your time and attention.

Mischelle Anderson

President

Attachment: 1. Completed UBR Report

2. Check #2159 for \$158.75