

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90071 005 ***150.00

DOCUMENT # P93000055861

1. Entity Name
MALCOLM ANDERSON, P.A.

| | |
|---|---|
| Principal Place of Business 2135 SO. CONGRESS AVENUE SUITE 3C WEST PALM BEACH FL 33406-7611 | Mailing Address 2135 SO. CONGRESS AVENUE SUITE 3C WEST PALM BEACH FL 33406-7611 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 11371 SW 136th Place | 3. Mailing Address 11371 SW 136th Place |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------|------------------------------------|
| City & State Dunellon FL | City & State Dunellon FL |
|------------------------------------|------------------------------------|

| | | | |
|---------------------|---------|---------------------|---------|
| Zip 33432 | Country | Zip 33432 | Country |
|---------------------|---------|---------------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0425996 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LUNSFORD, DORIS L
 2135 SO. CONGRESS AVENUE
 SUITE 3C
 WEST PALM BEACH FL 33406-7611**

7. Name and Address of New Registered Agent

| |
|---|
| Name Malcolm Anderson |
| Street Address (P.O. Box Number is Not Acceptable) 11371 S.w. 136th Place |
| City Dunellon |
| Zip Code 33432 |

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 DATE **4/23/01**

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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS ANDERSON, MALCOLM 2135 SO. CONGRESS AVE., STE 3C WEST PALM BEACH FL 33406-7611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 11371 S.W. 136th Place Dunellon FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **4/23/01** DAYTIME PHONE #: **352-237-2524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)