

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000055861**

1. Entity Name

MALCOLM ANDERSON, P.A.

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

04-30-2001 90071 005 ***150.00

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

Suite, Apt. #, etc.

3. Mailing Address

11371 SW 136th Place

Suite, Apt. #, etc.

City & State

Dunellon FL

City & State

Dunellon FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

65-0425996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUNS福德, 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

[Signature]

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) ☐

**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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

352-237-2524

Daytime Phone #

CR2E034 (10/00)