Daytime Phone #

Date

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

Sep 12, 2003 8:00 am Secretary of State P94000003309 DOCUMENT # 09-12-2003 90100 034 ***150.00 1. Entity Name KATHY ANDERSON CONSULTING GROUP, INC. Principal Place of Business Mailing Address PO BOX 18266 610 SWANN AVENUE TAMPA FL 33606 TAMPA FL 33679 Principal Plac of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City'& State 4. FEI Number 59-3222170 Not Applicable \$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 CTTNavine ANDERSON, KATHERINE G Street Address (P.O. Box Number is Not Acceptable) 610 SWANN AVENUE TAMPA FL 33606 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE CR2E034 (4/03 TITLE Addition Delete ANDERSON, L M JR NAME NAME 610 SWANN AVENUE STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE ANDERSON, KATHARINE GRAY NAME NAME 610 SWANN AVENUE STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP CITY_ST-ZIP_ ☐ Change TITLE TITLE ☐ Addition Delete WURDEMAN, JAMES E. NAME NAME 511 W BAY STREET, STE 400 STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CUTY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the infindicated on this report of of the corporation of the ied with this fy for tife exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Ithat my signature shall have the same legal effect as if made under oath; that I am an officer or director leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if n report is true changed, or on an attacl



Allachment 8014717 P9-4-0066-6-33-0-9

September 8, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Kathy Anderson Consulting Group, Inc.

Dear Sir or Madam:

Enclosed is the 2003 Uniform Business Report for Kathy Anderson Consulting Group, Inc. Also enclosed is a check for \$150 for the annual fee for the corporation.

During this year, I, Kathy Anderson, as President of the company, experienced health problems, and further, relocated my office and I have no record of receiving the annual report. I submit the annual report and respectfully request abatement of the \$400 filing late penalty as it would place a hardship on corporate and personal assets. Additionally, it should be noted the company has consistently filed the report in the past.

Your consideration as to this penalty abatement is greatly appreciated. Please notify us as to your acceptance of this payment as soon as possible.

Katharine G. Anderson, President

yours.

Enclosures