

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

0134700 AT

09-12-2003 90100 034 \*\*\*150.00

**DOCUMENT # P94000003309**

1. Entity Name  
**KATHY ANDERSON CONSULTING GROUP, INC.**



Principal Place of Business  
**610 SWANN AVENUE  
 TAMPA FL 33606  
 US**

Mailing Address  
**PO BOX 18266  
 TAMPA FL 33679  
 US**



2. Principal Place of Business  
**427 S. Royal Poinciana Dr.**

3. Mailing Address  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**

City & State

Zip  
**33609**

Country  
**USA**

4. FEI Number **59-3222170**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**ANDERSON, KATHERINE G  
 610 SWANN AVENUE  
 TAMPA FL 33606**

7. Name and Address of New Registered Agent  
**Anderson, Katharine G.  
 Street Address (P.O. Box Number is Not Acceptable)  
 427 S. Royal Poinciana Drive  
 City **Tampa** FL Zip Code **33609****

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDERSON, L M JR 610 SWANN AVENUE TAMPA FL 33606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ANDERSON, KATHARINE GRAY 610 SWANN AVENUE TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WURDEMAN, JAMES E. 511 W BAY STREET, STE 400 TAMPA FL 33606</b>	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>427 S. Royal Poinciana Dr. Tampa, FL 33609</b>	<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

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 trustee 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)



Attachment  
80147717  
PA#000008309

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.

Very truly yours,

Katharine G. Anderson, President

Enclosures