

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90101 022 ***150.00

DOCUMENT # P94000013036

1. Entity Name
ANDERSON DESIGN, INC.



Principal Place of Business
**7084 GREEN NEEDLE DR.
WINTER PARK FL 32792**

Mailing Address
**7084 GREEN NEEDLE DR.
WINTER PARK FL 32792**

2. Principal Place of Business

2029 DARLINGTON OAK DR

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEFFNER, FL

City & State

4. FEI Number

59-3228017

Applied For

Not Applicable

Zip

33584

Country

HUSBOROUGH

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, JAMES D II
7084 GREEN NEEDLE DR.
WINTER PARK FL 32792**

Name

Street Address (P.O. Box Number is Not Acceptable)

2029 DARLINGTON OAK DR.

City

SEFFNER

FL

Zip Code

33584

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

20 JAN 03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **ANDERSON, JAMES D II**
STREET ADDRESS **7084 GREEN NEEDLE DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **2029 DARLINGTON OAK DR**
STREET ADDRESS **SEFFNER, FL 33584**
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **ANDERSON, TERRI L**
STREET ADDRESS **7084 GREEN NEEDLE DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **2029 DARLINGTON OAK DR.**
STREET ADDRESS **SEFFNER, FL 33584**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 JAN 03

Date

813 653 4692

Daytime Phone #

CR2E034 (10/02)