

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 91104 006 ***150.00

DOCUMENT # P95000007628

1. Entity Name

ANDERSON AMERICAN PRECISION, INC.

Principal Place of Business

Mailing Address

**285 LAKE VIEW BLVD
COCOA FL 32926****285 LAKE VIEW BLVD
COCOA FL 32926****548795**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2511 N. Friday Road**2511 N. Friday Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa, FL**Cocoa**

Zip

Country

Zip

Country

32926**Brevard****32926****Brevard**

4. FEI Number

59-3293134

Applied For

Not Applicable

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, RONALD E**285 LAKE VIEW BLVD
COCOA FL 32926****2511 N. Friday Road**

Name

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

City

FL

Zip Code

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, 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	ANDERSON, ERNEST S	3165 N A1A FOUNTAIN COVE	COCOA BEACH FL 32932	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	ANDERSON, EDITH	3165 N A1A FOUNTAIN COVE	COCOA BEACH FL 32932	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	COSENTINO, ANTONETTE M	3805 FAY BLVD	PORT ST JOHN FL 32927	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

Antonette M. Cosentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 (321) 636-3236

Date

Daytime Phone #

CR2E034 (10/00)