

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90195 008 ***150.00

DOCUMENT # P95000075634

1. Entity Name
ANDERSON ONE INC.

Principal Place of Business
1875 CEN. FLA. PARKWAY
ORLANDO FL 32837

Mailing Address
3835 CITADEL DR
ORLANDO FL 32839

2. Principal Place of Business

3834 CITADEL DR.

3. Mailing Address

3834 CITADEL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLA.

City & State

ORLANDO FLA.

Zip

32839

Country

ORANGE

Zip

32839

Country

ORANGE

4. FEI Number

59-3363295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, V K
3834 CITADEL DRIVE
ORLANDO FL 32821

7. Name and Address of New Registered Agent

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **ANDERSON, V.K.**
 STREET ADDRESS **3834 CITADEL DR.**
 CITY-ST-ZIP **ORLANDO FL 32821** ☒ Delete

TITLE **P**
 NAME **Anderson, V.K.**
 STREET ADDRESS **3834 Citadel Dr.**
 CITY-ST-ZIP **Orlando, Fl. 32839-3203** ☒ Change ☐ Addition

TITLE **SV**
 NAME **ANDERSON, CATHERINE**
 STREET ADDRESS **3834 CITADEL DR**
 CITY-ST-ZIP **ORLANDO FL 32821** ☒ Delete

TITLE **SV**
 NAME **~~Catherine~~ Anderson, Catherine**
 STREET ADDRESS **3834 Citadel Dr.**
 CITY-ST-ZIP **Orlando, Fl. 32839-3203** ☒ Change ☐ Addition

TITLE **P**
 NAME **~~Anderson V.K.~~**
 STREET ADDRESS **~~3834 CITADEL DR.~~**
 CITY-ST-ZIP **~~ORLANDO FLA. 32839~~** ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE **SV**
 NAME **~~Anderson Catherine~~**
 STREET ADDRESS **~~3834 CITADEL DR.~~**
 CITY-ST-ZIP **~~ORLANDO, FLA. 32839~~** ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-02 (407) 345-8727

Date

Daytime Phone #

CR2E034 (4/02)

Attachment # P95000075634

07/08/02


To whom it may concern;

On 06/27/02, I received my UBR, and noticed it was due 09/01/02. When I checked my records, I realized I had not received the first notice. Our new mailman, brought the recent notice, and asked us if it belonged to us, as the address was incorrect. I will enclose a copy of the incorrect address.

I have been in business since 1977, and have never missed a filing date. The State has always been prompt in mailing out the UBR, in the past. I feel that the wrong address has hurt me financially.

I am 64 years old, and have had 2 heart attacks, plus being a diabetic, and keep my small business to pay for medical insurance, which is \$847.00, per month. I cannot pay the extra \$400.00 late fee at this time. I'm asking the State to please take into consideration, my financial situation at this time. To lose my business, I will lose my health insurance. Your help will be deeply appreciated.

Sincerely,



Vernon K. Anderson

Anderson One, Inc.

3834 Citadel Drive

Orlando, Florida 32839-3203