

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076180

1. Entity Name

ANDERSON SALES GROUP, INC.

Principal Place of Business

4000 NE BREAKWATER DR
JENSEN BEACH FL 34957

Mailing Address

P O BOX 488
JENSEN BEACH FL 34958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRODIE, LAWRENCE P
819 S FEDERAL HWY STE 106
STUART FL 34994

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 PS
NAME ANDERSON, BERTRAM R.
STREET ADDRESS 4000 NE BREAKWATER DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT
NAME ANDERSON, ARLENE F
STREET ADDRESS 4000 NE BREAKWATER DR
CITY-ST-ZIP JENSEN BEACH FL 34957

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. E. ANDERSON - PRES.

Date

Daytime Phone #

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90085 017 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0702265 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CR2E034 (5/00)