

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90046 027 \*\*\*150.00

703124



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000003443**

1. Entity Name

**ANDERSON & STEVENS, P.A.**

Principal Place of Business

**1301 RIVERPLACE BLVD.  
SUITE 2640  
JACKSONVILLE FL 32207**

Mailing Address

**1301 RIVERPLACE BLVD.  
SUITE 2640  
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3416041**

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

**STEVENS, JAMES P  
1301 RIVERPLACE BLVD.  
SUITE 2640  
JACKSONVILLE FL 32207**

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, 2002 Fee will be \$550.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
ANDERSON, KENNETH G  
1301 RIVERPLACE BLVD., SUITE 2640  
JACKSONVILLE FL 32207** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
STEVENS, JAMES P  
1301 RIVERPLACE BLVD., SUITE 2640  
JACKSONVILLE FL 32207** ☐ Delete

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

TITLE  
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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

Date

Daytime Phone #

CR2E034 (9/01)

ANDERSON & STEVENS, P.A.

ATTORNEYS AT LAW  
SUITE 2640, RIVERPLACE TOWER  
1301 RIVERPLACE BOULEVARD  
JACKSONVILLE, FLORIDA 32207-9039

KENNETH G. ANDERSON  
JAMES P. STEVENS

TELEPHONE (904) 399-8000  
TELECOPIER (904) 346-3078

*Attachments*

January 7, 2002

*# P97000003443  
703104*

Certified Mail  
Return Receipt Requested


Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Anderson & Stevens, P.A.  
2002 Uniform Business Report  
Document # P97000003443

Dear Sirs:

We enclose the Form 2002, Uniform Business Report Form for Anderson & Stevens, P.A., federal employer identification number 59-3416041. In addition, we enclose our firm check in the amount of \$150.00, payable to the Department of State, in payment of the filing fee for this form.

Sincerely yours,

  
Kenneth G. Anderson

KGA/ccr

Enclosures as Stated