

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90166 045 ***150.00

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**

70001838



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3416041**

Applied For
Not Applicable

Zip

Country

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

**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. 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

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANDERSON, KENNETH G 1301 RIVERPLACE BLVD., SUITE 2640 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD STEVENS, JAMES P 1301 RIVERPLACE BLVD., SUITE 2640 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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: *Kenneth G. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 1/3/03 904 379-8000

Attachment# 70001838
P97000003443
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

January 6, 2003

Certified Mail
Return Receipt Requested

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

Re: Anderson & Stevens, P.A.
2003 Uniform Business Report
Document # P97000003443

Dear Sirs:

We enclose the Form 2003, 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)