

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90017 004 ***150.00

DOCUMENT # P97000055512

1. Entity Name
KEVIN R. ANDERSON, INC.

Principal Place of Business 224 DATURA STREET SUITE 515 WEST PALM BEACH FL 33401 US	Mailing Address 224 DATURA STREET SUITE 515 WEST PALM BEACH FL 33401-5633 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 224 DATURA ST. Suite, Apt. #, etc. SUITE 515 City & State WEST PALM BEACH, FL	3. Mailing Address 224 DATURA ST. Suite, Apt. #, etc. SUITE 515 City & State WEST PALM BEACH, FL
Zip 33401 Country USA	Zip 33401 Country USA

4. FEI Number 65-0767242	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDERSON, KEVIN R ESO
224 DATURA STREET
SUITE 515
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name **ANDERSON, KEVIN R.**
 Street Address (P.O. Box Number is Not Acceptable)
224 DATURA ST.
SUITE 515
 City **WEST PALM BEACH FL** Zip Code **33401**

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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete M ANDERSON, KEVIN R 224 DATURA S, STE 814 WPB FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ANDERSON, KEVIN R. 224 DATURA ST., STE. 515 WPB, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: KEVIN R. ANDERSON 4-12-00 561-832401
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)