

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058378

1. Entity Name

GEORGE T. ANDERSON, CORP.

Principal Place of Business

1442 NW 158TH AVE
PEMBROKE PINES FL 33028

Mailing Address

1442 NW 158TH AVE
PEMBROKE PINES FL 33028-2430

2. Principal Place of Business

1442 NW 158 Avenue

3. Mailing Address

1442 NW 158 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33028

Country

U.S.A

Zip

33028

Country

U.S.A

6. Name and Address of Current Registered Agent

ANDERSON, YTA L
1442 NW 158TH AVE
PEMBROKE PINES FL 33028

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.

SIGNATURE

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/00

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 PD
NAME ANDERSON, YTA L
STREET ADDRESS 1442 NW 158TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (95A) 4475122

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90074 047 ***163.75

CR2E034 (9/99)