

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058378

1. Entity Name

GEORGE T. ANDERSON, CORP.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90176 045 ***163.75

Principal Place of Business

1442 NW 158TH AVE
PEMBROKE PINES FL 33028
US

Mailing Address

1442 NW 158TH AVE
PEMBROKE PINES FL 33028
US

2. Principal Place of Business

1442-NW 158 AVENUE

3. Mailing Address

1442 NW 158 AVENUE

Suite, Apt., etc.

Suite, Apt., etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES - FL

City & State

PEMBROKE PINES - FL

4. FEI Number

65-0764887

Applied For

Not Applicable

Zip

Country

33028 Broward

Zip

Country

33028 Broward

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

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

Yta Anderson
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)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

X

\$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
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

04/23/01 (954) 4475122

CR2E034 (10/00)