

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036381

1. Entity Name

ANDERSON COMMUNICATIONS, INC.

R

FILED

Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90007 017 ***150.00

Principal Place of Business

Mailing Address

3841 NE 3RD AVENUE #4
OAKLAND PARK FL 33334

3841 NE 3RD AVENUE #4
OAKLAND PARK FL 33334-1227

2. Principal Place of Business

7608 SW 8th ST

Suite, Apt. #, etc.

3. Mailing Address

7608 SW 8th ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH LAUDERDALE NORTH LAUDERDALE

Zip

33068

Country

USA

City & State

33068 USA

4. FEI Number

65-0875548

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

ALPHONSO ANDERSON, NEVILLE
3841 NE 3RD AVENUE #4
OAKLAND PARK FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

7608 SW 8th STREET

City

NORTH LAUDERDALE FL

Zip Code

33068

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ALPHONSO ANDERSON, NEVILLE
CITY-ST-ZIP 3841 NE 3RD AVENUE #4
OAKLAND PARK FL 33334

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7608 SW 8th STREET
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 #

CR20034 (9/99)