

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90058 021 ***150.00

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DOCUMENT # P98000084552

1. Entity Name
C & H ANDERSON, INC.

Principal Place of Business
**1176 LYRIC DRIVE
 DELTONA FL 32738-6814**

Mailing Address
**1176 LYRIC DRIVE
 DELTONA FL 32738-6814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1313 VOLTAIRE ST.

3. Mailing Address
1313 VOLTAIRE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELTONA, FL

City & State
DELTONA, FL

4. FEI Number
59-3535644

Applied For
 Not Applicable

Zip
32725-1753

Country
USA

Zip
32725-1753

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, HAROLD W
 1176 LYRIC DRIVE
 DELTONA FL 32738-6814**

7. Name and Address of New Registered Agent

Name

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

1313 VOLTAIRE ST.

City

DELTONA,

FL

Zip Code

32725-1753

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, 2002 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, HAROLD W
 STREET ADDRESS
1176 LYRIC DR
 CITY-ST-ZIP
DELTONA FL 32728

☐ Delete

TITLE
STD
 NAME
ANDERSON, C.ELIZABETH
 STREET ADDRESS
1176 LYRIC DR
 CITY-ST-ZIP
DELTONA FL 32738

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1313 VOLTAIRE ST.
 DELTONA, FL 32725-1753**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1313 VOLTAIRE ST.
 DELTONA, FL 32725-1753**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

C.ELIZABETH ANDERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECY,

Date

Daytime Phone #

1/8/2002 (386)789-3466

CR2E034 (9/01)