

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90492 026 ***150.00

DOCUMENT # P98000084552

1. Entity Name
C & H ANDERSON, INC.



Principal Place of Business
**1313 VOLTAIRE ST
DELTONA FL 32725-1753**

Mailing Address
**1313 VOLTAIRE ST
DELTONA FL 32725-1753**



2. Principal Place of Business
101 GRAND PLAZA DRIVE

3. Mailing Address
101 GRAND PLAZA DRIVE

Suite, Apt. #, etc.
Q-2

Suite, Apt. #, etc.
Q-2

City & State
ORANGE CITY, FL

City & State
ORANGE CITY, FL

Zip
32763-7950

Country
U.S.

Zip
32763-7950

Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3535644

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, HAROLD W
1313 VOLTAIRE ST
DELTONA FL 32725-1253**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**101 GRAND PLAZA DRIVE
UNIT Q-2
ORANGE CITY, FL 32763-7950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, HAROLD W 1313 VOLTAIRE ST DELTONA FL 32725-1753	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, C.ELIZABETH 1313 VOLTAIRE ST DELTONA FL 32725-1753	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 101 GRAND PLAZA DRIVE, UNIT Q-2 ORANGE CITY, FL 32763-7950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 101 GRAND PLAZA DRIVE, UNIT Q-2 ORANGE CITY, FL 32763-7950
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
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

12. 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 10 or Block 11 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

1-17-03 **386/848-6971**
Date Daytime Phone #

CR2E034 (10/02)