

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90203 045 ***150.00

DOCUMENT # P98000101577

1. Entity Name

ANDERSON CONSULTING & COMPUTER SERVICES, INC.

Principal Place of Business

**5945 59TH STREET NORTH
 ST PETERSBURG FL 33709-1997**

Mailing Address

**5945 59TH STREET NORTH
 ST PETERSBURG FL 33709-1997**

2. Principal Place of Business

677-103 POST OAK CIRCLE

3. Mailing Address

677-103 POST OAK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701-6520

Country

USA

Zip

32701-6520

Country

USA

4. FEI Number

59-3559391

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

ANDERSON, TIFFANY

**5945 59TH STREET NORTH
 ST PETERSBURG FL 33709-1997** **677-103 POST OAK CIRCLE
 ALTAMONTE SPRINGS, FL
 32701-6520**

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 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, 2001 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 **PS** ☐ Delete
 NAME **ANDERSON, ROSEMARY**
 STREET ADDRESS **5945 59TH ST NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33709-1997**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **677-103 POST OAK CIRCLE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701-6520**

TITLE **VT** ☐ Delete
 NAME **ANDERSON, WILLARD**
 STREET ADDRESS **5945 59TH ST NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33709-1997**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **677-103 POST OAK CIRCLE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701-6520**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

Rosemary M. Anderson
 ROSEMARY M. ANDERSON

Date

3/11/01

Daytime Phone #

407-332-1360

CR2E034 (10/00)