FILED Jan 28, 2003 8:00 am Secretary of State

01-28-2003 90083 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000020037

1. Entity Name

W MICHAEL ANDERSON INC

Principal Plac			Mailing Address									
1502 SE HATFIELD COURT PORT ST LUCIE FL 34952			1502 SE HATFIELD COURT PORT ST LUCIE FL 34952				-					
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2. Principal P	Place of Busin	ness	3. Mailing Address									
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Suite, Apt.	#, etc.	. —	Suite, Apt. #, etc.					П очеок неог				
							ĺ	CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. [FEI Number CF 00000F		TA	pplied For	
			<u> </u>				_	65-0908095 Applied Not Ap			ot Applicable	
Zip	Zip Country				Coun	try	T ₌ (Certificate of Status Desired		\$8.75 Ad	ditional	
			l				5. Certificate of Status Desired Fee Required					
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Ro	gistered	Agent		
						Name						
ANDERSON, W. MICHAEL					Street Address (P.O. Box Number is Not Acceptable)							
1502 SE HATFIELD COURT /				Street Addres			is (P.O. 6	oox Number is Not Acceptable,				
PORT ST LUCIE FL 34952												
TORT OF LOUIL PL 34802 \												
•						City			FL	Zip Cod	ie	
8 The above	named entit	v submits this statement for	or the nurr	nose of changing its	registere	d office or regis	tored an	jent, or both, in the State of Flor	ida Lamif	familiac with	and accept	
	tions of regist		a the purp	Jose of Changing its	registore	a office of regis	itered ag	jent, or both, in the state of Flor	iua. Faiii	arma war,	did accept	
					r							
SIGNATURE.	Signature treat	or printed name of registered agent	d siste if	i (NOT)	. D. Jarana	Agent signature requ		-113	DATE			
	Signature, typeo	or printed name or registered agent	and title ii apj	picable. (NOTE	:: Registered	Agent signature requ	ured when re	einstating)	DATE			
		!_ FEE_IS_\$150.00		ļ			·	S. Election Campaign Fine	anominto Tra	es-(OO May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribution			d to Fees	
Make Check	c Payable to	o Florida Department o	f State									
10.	OFFICERS AND			DIRECTORS 11.			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	ס			☐ Delete	TITLE					☐ Change	Addition	
NAME		ON, W. MICHAEL			NAME	; }						
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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.

CITY-ST-ZIP

SIGNATURE:

Court Michall

1-16.07

1-772-335:205

Daytime Phone

603650 F

AV