

DOCUMENT # P99000042326

1. Entity Name

ANDERSON ASSOCIATES.COM, INC.

Principal Place of Business
9291 NW 13th PL
8748 NW 14 STREET
CORAL SPRINGS FL 33071Mailing Address
9291 NW 13th PLACE
8748 NW 14 STREET
CORAL SPRINGS FL 33071-6801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PAPALEO, RICHARD
8748 NW 14 STREET 9291 NW 13th PLACE
CORAL SPRINGS FL 33071

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 fee 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPPRES / CEO
Richard Papaleo
9291 NW 13th PLACE
CORAL SPRINGS, FL 33071☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
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CITY- ST- ZIP☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
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CITY- ST- ZIP☐ Change ☐ AdditionTITLE
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CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ Add

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 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

3/2

FILED
Jun 19, 2000 8:00 am
Secretary of State

03-31-2000 90003 034 ***150.00

1111

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0937559

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Add3/19/00 (954) 753-5470
Date Daytime Phone #