

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062025

1. Entity Name
ANDERSON EXECUTIVE SEARCH, INC.

Principal Place of Business
1220 EGLINGTON AVE E. SUITE 306
TORONTO, ONTARIO M3C 1H9

Mailing Address
1220 EGLINGTON AVE E. SUITE 306
TORONTO, ONTARIO M3C 1H9

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3632416

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

JACOBSON, RICHARD A
501 E KENNEDY BLVD, SUITE 1700
TAMPA FL 33602

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. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
D TALASKA, PHILIP
STREET ADDRESS
501 E KENNEDY BLVD, SUITE 1700
CITY-ST-ZIP
TAMPA FL 33602

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1220 EGLINGTON AVE E., STE 306
TORONTO, ONTARIO M3C 1H9

☒ Change ☐ Addition

TITLE
NAME
D DUNCOMBE, BYRON
STREET ADDRESS
1220 EGLINGTON AVE E, SUITE 306
CITY-ST-ZIP
TORONTO, ONTARIO M3C 1H9

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1220 EGLINGTON AVE E, STE 306

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90060 024 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)