

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072355

1. Entity Name

ANDERSON & BOLTON ACCOUNTING, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90016 017 ***150.00

Principal Place of Business

217 NORTH ROBIN HOOD ROAD
INVERNESS FL 34450

Mailing Address

217 NORTH ROBIN HOOD ROAD
INVERNESS FL 34450-2012

2. Principal Place of Business

16240 Wilson Blvd

Suite, Apt. #, etc.

3. Mailing Address

16240 Wilson Blvd

Suite, Apt. #, etc.

City & State

Masaryktown FL

City & State

Masaryktown FL

4. FEI Number

59-3595716

Applied For

Not Applicable

Zip

34609

Country

Hernando

Zip

34609

Country

Hernando

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Kathleen Anderson

Street Address (P.O. Box Number is Not Acceptable)
16240 Wilson Blvd

City
Masaryktown

FL

Zip Code
34609

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOLTON, HARRY J
217 NORTH ROBIN HOOD ROAD
INVERNESS FL 34450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
ANDERSON, KATHLEEN D
217 NORTH ROBIN HOOD ROAD
INVERNESS FL 34450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Anderson, Kathleen B. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Change ☐ Addition

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: Kathleen B. Anderson Kathleen B. Anderson 3-13-00 (352) 799-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)