

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90105 015 \*\*\*150.00

**DOCUMENT # P99000072355**

1. Entity Name

**ANDERSON & BOLTON ACCOUNTING, INC.**

Principal Place of Business

**16240 WILSON BLVD  
 MASARY KTOWN FL 34609**

Mailing Address

**7358 EDINBURGH WAY  
 BROOKSVILLE FL 34613**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3595716**

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

Name

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

City

**FL**

Zip Code

**ANDERSON, KATHLEEN  
 7358 EDINBURGH WAY  
 BROOKSVILLE FL 34613**

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

*Kathleen B. Anderson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-4-02**

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 BOLTON, HARRY J  
 380 LAMONT ST  
 BELHAVEN NC 27810** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSTD  
 ANDERSON, KATHLEEN B  
 7358 EDINBURGH WAY  
 BROOKSVILLE FL 34613** ☐ Delete

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

TITLE  
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 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

**3-11-02**

Date

**(352) 592-0190**

Daytime Phone #

*Kathleen B. Anderson*

*1-4-02*

CR2E034 (9/01)