

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000103338****1. Entity Name**
ANDERSON AMOCO, INC.**Principal Place of Business**

1001 S. DALE MABRY HIGHWAY

TAMPA
33611

FL

Mailing Address

1001 S. DALE MABRY HIGHWAY

TAMPA
33611

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**59-3612046**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentANDERSON DENISE M
1001 S. DALE MABRY HIGHWAYTAMPA
33611

FL

7. Name and Address of New Registered Agent**Name**

ANDERSON DENISE M

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

1001 S. DALE MABRY HIGHWAY

City
TAMPA

FL

Zip Code
33611**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 DENISE M. ANDERSON**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**T.TITLE ☐ Change ☒ Addition
NAME
VP ANDERSON THOMAS A
STREET ADDRESS
1001 S. DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33629T.TITLE ☐ Change ☒ Addition
NAME
PRES ANDERSON DENISE MPRESIDE
STREET ADDRESS
1001 S. DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33629T.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 DENISE M. ANDERSON****PRES 05/01/2000**