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Secretary of State

05-02-2002 90103 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109560

1. Entity Name
Anderson & Son Electric, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 S. Grant Street	201 S. Grant Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, Florida	City & State: Longwood, Florida
Zip: 32750 Country: USA	Zip: 32750 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3620813 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Harold Anderson, Jr.

Street Address (P.O. Box Number is Not Acceptable): 201 S. Grant Street

City: Longwood FL Zip Code: 32750

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required when changing registered office address.)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	Harold Anderson, Jr.
STREET ADDRESS	201 S. Grant Street
CITY-ST-ZIP	Longwood, Florida 32750
TITLE	S
NAME	Lisa R. Bridges
STREET ADDRESS	201 S. Grant Street
CITY-ST-ZIP	Longwood, Florida 32750
TITLE	VP
NAME	Don Morse
STREET ADDRESS	1624 Vale View Court
CITY-ST-ZIP	Apopka, Florida 32712
TITLE	T
NAME	Patricia Anderson
STREET ADDRESS	201 S. Grant Street
CITY-ST-ZIP	Longwood, Florida 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Anderson April 23, 2002 (407) 339-9208

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

HAROLD ANDERSON, JR., President