

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2001 8:00 am**  
**Secretary of State**

05-09-2001 90006 042 \*\*\*150.00

0626769

**DOCUMENT # S39660**

1. Entity Name  
**ANDRESON REALTY, INC.**

Principal Place of Business <b>450 B MANDALAY AVE          CLEARWATER BEACH FL 34630</b>	Mailing Address <b>450 B MANDALAY AVE          CLEARWATER BEACH FL 34630</b>
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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 **59-3063227**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ANDRESON, JAMES C  
 450-R MANDALAY AVENUE  
 CLEARWATER FL 34630**

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

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	ANDRESON, JAMES C	450 B MANDALAY AVE CLEARWATER FL	<input checked="" type="checkbox"/> Delete			
	VD	ANDRESON, DEAN	450 B MANDALAY AVE CLEARWATER FL	<input type="checkbox"/> Delete	PD	Andreson, Dean	450 B Mandalay Ave Clearwater, FL
	STD	ANDRESON, CONNIE	450 B MANDALAY AVE CLEARWATER FL	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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]      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)