

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28112

1. Entity Name

ANSORG ENTERPRISES, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90011 019 ***150.00

030286

Principal Place of Business

Mailing Address

712 E PALMETTO PK RD
712 E PALMETTO PK RD
BOCA RATON FL 33432
US

712 E PALMETTO PK RD
712 E PALMETTO PK RD
BOCA RATON FL 33432
US

C0024832



DO NOT WRITE IN THIS SPACE

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 59-2459782		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSORG, MICHAEL
712 E PALMETTO PARK RD
BOCA RATON FL 33432

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	<input type="checkbox"/> Delete
	ANSORG, MICHAEL P.	712 E PALMETTO PK RD	BOCA RATON FL	
	ANSORG, PATRICIA M.	712 E PALMETTO PARK RD	BOCA RATON FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Patricia M. Ansorg, PATRICIA M. ANSORG

Date

Daytime Phone #

2/17/01 561-361-0690

CR2E034 (10/00)