

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90162 005 \*\*\*150.00

**DOCUMENT # P01000002748**

**1. Entity Name**  
**ANNA'S SUPERIOR SERVICES USA INC.**

**Principal Place of Business**  
**2519 MCMULLEN BOOTH RD #510-139**  
**CLEARWATER FL 33761**

**Mailing Address**  
**2519 MCMULLEN BOOTH RD #510-139**  
**CLEARWATER FL 33761**

**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**

**59-3688926**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**PASEK, MICHAEL D**  
**4851 85TH AVE**  
**PINELLAS PARK FL 33781**

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

**Name ANNA JANUSZKIEWICZ**

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

**3661 MERIDEN AVE., #A**

**City OLDSMAR**

**FL**

**Zip Code 34677**

**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.

**ANNA JANUSZKIEWICZ**

**2/09/02**

(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, 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**

**TITLE D** ☐ Delete  
**NAME JANUSZKIEWICZ, ANNA**  
**STREET ADDRESS 3661 MERIDEN AVE #A**  
**CITY-ST-ZIP OLDSMAR FL 34677**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANNA JANUSZKIEWICZ**

**PRES.**

**2/09/02 813-854-2910**

Date

Daytime Phone #

CR2E034 (9/01)