

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90066 049 ***150.00

0015127 AT

DOCUMENT # P01000114084
1. Entity Name
ANMAR HOMES INC.

Principal Place of Business **Mailing Address**
8811 STATE RD. 52. STE. 28 **8811 STATE RD. 52. STE. 28**
HUDSON FL 34667 **HUDSON FL 34667**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
1311 Vermont Ave **1311 Vermont Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Tarpon Springs, FL **Tarpon Springs, FL**
Zip **Country** **Zip** **Country**
34689 **USA** **34689** **USA**

4. FEI Number **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

~~**6. Name and Address of Current Registered Agent**~~ ~~**7. Name and Address of New Registered Agent**~~

NICHOLAS, GEORGE
8811 STATE RD. 52, STE. 28
HUDSON FL 34667

Name
Anthony Nicholas
Street Address (P.O. Box Number is Not Acceptable)
1311 Vermont Ave
City **FL** **Zip Code**
Tarpon Springs **34689**

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]* **DATE**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) **3-21-02**

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NICHOLAS, ANTHONY 55 DODECAN. ESE BLVD. ✓ TARPON SPRINGS FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NICHOLAS, GEORGE 8811 STATE RD. 52, STE. 28 HUDSON FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1311 Vermont Ave
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **DATE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3-21-02** Daytime Phone #

CR2E034 (9/01)