

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90161 046 \*\*\*150.00

**DOCUMENT # V08972**

1. Entity Name  
**JOSEPH E. ANKUS, ESQ., P.A.**

Principal Place of Business <b>300 S PINE ISLAND RD          SUITE #255          PLANTATION FL 33324          US</b>	Mailing Address <b>300 S PINE ISLAND RD          SUITE #255          PLANTATION FL 33326-3225          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1525 NORTH PARK DRIVE</b>	3. Mailing Address <b>1525 NORTH PARK DRIVE</b>
Suite, Apt. #, etc. <b>102</b>	Suite, Apt. #, etc. <b>102</b>

City & State <b>WESTON, FLA</b>	City & State <b>WESTON, FLA.</b>	4. FEI Number <b>65-0310460</b>	Applied For <input type="checkbox"/>
		Not Applicable	

Zip <b>33326</b>	Country <b>BROWARD</b>	Zip <b>33326</b>	Country <b>SEWARD</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name **JOSEPH E ANKUS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1525 NORTH PARK DRIVE #102**  
 City **WESTON** **FL** Zip Code **33326**

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 **JOSEPH E. ANKUS** DATE **1/11/00**  
Signature (typed) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>DPST</b> <b>ANKUS, JOSEPH E.</b> <b>300 S. PINE ISLAND RD. 257</b> <b>PLANTATION FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1525 NORTH PARK DR. #102</b> <b>WESTON, FLA 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **JOSEPH E. ANKUS, President** DATE **1/11/00** DAYTIME PHONE # **(954) 349-3663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)