

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-03-2001 90058 038 ***150.00

DOCUMENT # P00000066746

1. Entity Name

ANTHONY'S MOVING AND DELIVERY, INC.

Principal Place of Business

Mailing Address

P O BOX 152779
TAMPA FL 33684-2779P O BOX 152779
TAMPA FL 33684-2779

2. Principal Place of Business

3. Mailing Address

8480 Sheldon Road**8480 Sheldon Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201**Suite 201**

City & State

City & State

Tampa FL**Tampa FL**

Zip

Country

Zip

Country

33615**U.S.A.****33615****U.S.A.**

4. FEI Number

59-3547834

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

SHAW, BILL M
550 N RED ST, SUITE 300
TAMPA FL 33609-1013

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 State10. 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
	D			<input type="checkbox"/> Delete
	ANTHONY, ARNEL O			
	2885 PENRIDGE DR			
	PALM HARBOR FL 34684			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		8480 Sheldon Road Suite 201			
		Tampa, FL 33615			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(l), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01
Date**813-716-0557**
Daytime Phone #

CR2E034 (10/00)