

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90090 001 ***150.00

DOCUMENT # 237237

1. Entity Name
ANNCO INC

Principal Place of Business

**2342 ARCH STREET
TAMPA FL 33607**

Mailing Address

**2342 ARCH STREET
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6072803**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NICOLETTO, NELSON
2342 ARCH STREET
TAMPA FL 33607**

7. Name and Address of New Registered Agent

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

TITLE **PS** ☐ Delete
NAME **NICOLETTO, NELSON**
STREET ADDRESS **2342 ARCH STREET**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VPT** ☐ Delete
NAME **CABALLERO, DEBORAH**
STREET ADDRESS **18834-5TH STREET SW**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres., Treasurer** ☒ Change ☐ Addition
NAME **Deborah Caballero**
STREET ADDRESS **2342 ARCH STREET**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **VP, Secretary** ☒ Change ☐ Addition
NAME **Nelson Nicoletto**
STREET ADDRESS **2342 ARCH STREET**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition
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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

01-22-01 (813) 259-1123

Date

Daytime Phone #

CR2E034 (10/00)

0943212