

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 08:00 AM
Secretary of State

DOCUMENT # 542076

1. Entity Name
ANASTASIA REALTY, INC.

Principal Place of Business 5122 A1A SOUTH SUITE 353 ST. AUGUSTINE FL 32084 US	Mailing Address 1093 A1A BCH. BLVD. SUITE 353 ST. AUGUSTINE FL 32084 US
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2. Principal Place of Business 1093 A1A BEACH BLVD	3. Mailing Address
Suite, Apt. #, etc. SUITE 353	Suite, Apt. #, etc.

City & State ST. AUGUSTINE FL	City & State
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4. FEI Number 59-1758034	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 32084	Country US	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THATE LANCE L.
 5122 A1A SOUTH
 SUITE 353
 ST. AUGUSTINE FL
 32084 US

7. Name and Address of New Registered Agent

Name
THATE LANCE L.
 Street Address (P.O. Box Number is Not Acceptable)
 1093 A1A BEACH BLVD
 SUITE 353
 City
 ST. AUGUSTINE FL Zip Code
 32084

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 _____ DATE **04/29/2000**
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. (See criteria on back)

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	S	<input type="checkbox"/> Delete
NAME	ELKUS MANDY G	
STREET ADDRESS	1093 A1A BCH. BLVD., STE. 353	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	PVDT	<input type="checkbox"/> Delete
NAME	LANCE THATE	
STREET ADDRESS	1093 A1A BCH BLVD #353	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: LANCE L. THATE

PREP: 04/29/2000