

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90034 039 ***150.00

DOCUMENT # F00000005643
 1. Entity Name
ANE Information Technology Holding, Inc.

Principal Place of Business
**200 S. Andrews Ave.
 Ft. Lauderdale, FL 33301**

Mailing Address
**200 S. Andrews Ave., 11th flr.
 Ft. Lauderdale, FL 33301**

A0062712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-1045026

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

6. Name and Address of Current Registered Agent
**CT Corporation System
 1200 S. Pine Island Rd.
 Plantation, FL 33301**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	Karsner, Michael S.	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Hyle, Kathleen W.	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Schwartz, Howard D.	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	W	<input type="checkbox"/> Delete
NAME	Wilson, Leland F.	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	W	<input type="checkbox"/> Delete
NAME	Wood, Mary	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	H	<input type="checkbox"/> Delete
NAME	Hurst, O. Mason	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, Rickie E.	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady, James	
STREET ADDRESS	200 S. Andrews Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPV	<input checked="" 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		
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: **Howard D. Schwartz** **954-320-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)