

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60117

1. Entity Name

ANTHONY CUSTOM CONTROLS, INC.

Principal Place of Business

6888 SILVER STAR ROAD
ORLANDO FL 32818-3193
US

Mailing Address

6888 SILVER STAR ROAD
ORLANDO FL 32818-3193
US

2. Principal Place of Business

7232 GRAY SHADOW CT

Suite, Apt. #, etc.

3. Mailing Address

7232 GRAY SHADOW CT

Suite, Apt. #, etc.

City & State
ORLANDO FL 32818-8351

City & State
ORLANDO FL 32818-8351

Zip
32818-8351

Country
US

Zip
32818-8351

Country
US

4. FEI Number
59-2159849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANTHONY, WILLIAM
7232 GRAY SHADOW COURT
ORLANDO FL 32818

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, 2002 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 ☐ Delete
NAME ANTHONY, WILLIAM
STREET ADDRESS 6888 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL

TITLE VD ☒ Delete
NAME ANTHONY, TONY
STREET ADDRESS 5830 BEECHMONT BLVD
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ Delete
NAME ANTHONY, WILLIAM D
STREET ADDRESS 615 I FENTON PL
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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 PD ☒ Change ☐ Addition
NAME ANTHONY, WILLIAM
STREET ADDRESS 7232 GRAY SHADOW CT
CITY-ST-ZIP ORLANDO FL 32818-8351

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Change ☐ Addition
NAME ANTHONY, WILLIAM D.
STREET ADDRESS 507 RAMSDALL AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 JANUARY 2002

Date

407 295-0486

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)