

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001215

1. Entity Name

ANITA K INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90080 040 ***150.00

Principal Place of Business

Mailing Address

WINDING WAY, R.R. #2

231 WINDING WAY, R.R. #2

CANADA K2C 3H1

NEPEAN
ONTARIO, CANADA K2C 3H1
CA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT-APPLICABLE** 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

BOYER, EDWIN M ESQUIRE
SUITE 765
1800 2ND STREET
SARASOTA FL 34236

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, 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	PTCD	<input type="checkbox"/> Delete
NAME	KERTZER, ANITA	
STREET ADDRESS	231 WINDING WAY, R.R. #2	
CITY-ST-ZIP	NEPEAN/ONT./CANADA K2C 3H1	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	KERTZER, MORRIS	
STREET ADDRESS	231 WINDING WAY, R.R. #2	
CITY-ST-ZIP	NEPEAN/ONT./CANADA K2C 3H1	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

MORRIS KERTZER
MORRIS KERTZER

April 20/2000 (613) 232 71 71 ext 198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)