

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90141 007 ***158.75

DOCUMENT # F94000001215

1. Entity Name
ANITA K INC.

Principal Place of Business

231 WINDING WAY, R.R. #2
NEPEAN
ONTARIO, CANADA K2C 3H1
CA

Mailing Address

231 WINDING WAY, R.R. #2
NEPEAN
ONTARIO, CANADA K2C 3H1
CA

2. Principal Place of Business

Box 432
Suite, Apt. #, etc.
2294 WILDLIFE WAY

City & State
NORTH GOWER, ONTARIO

Zip
K0A2T0

Country
CANADA

3. Mailing Address

Box 432
Suite, Apt. #, etc.
2294 WILDLIFE WAY

City & State
NORTH GOWER, ONTARIO

Zip
K0A2T0

Country
CANADA



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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTCD
KERTZER, ANITA
231 WINDING WAY, R.R. #2
NEPEAN/ONT. CANADA K2C 3H1 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
KERTZER, MORRIS
231 WINDING WAY, R.R. #2
NEPEAN/ONT. CANADA K2C 3H1 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Box 432 2294 WILDLIFE WAY
NORTH GOWER ONT CAN K0A2T0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Box 432 2294 WILDLIFE WAY
NORTH GOWER ONT CAN K0A2T0

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

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

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31 / 2002

(613) 232-7171 #198

Date

Daytime Phone #

CR2E034 (9/01)