2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F94000004352** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name ANTHONY ASSOCIATES OF GEORGIA, INC. 04-24-2000 90060 045 ***150.00 Mailing Address Principal Place of Business 1400 E. OAKLAND PK. BLVD. 1400 E. OAKLAND PK. BLVD. FT. LAUDERDALE FL 33334-4400 FT. LAUDERDALE FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-1893998 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name D'AVANZO, STEFANIE Street Address (P.O. Box Number is Not Acceptable) 1400 E. OAKLAND PK. BLVD. #204 FT. LAUDERDALE FL 33334 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. d or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** ☐ Change TITLE Delete TITLE JODOIN, KIMBERLY A NAME NAME 1513 SW 5TH STREET 1729 SW 44h C+ STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE JODOIN, FRANK A NAME NAME 1513-SW STH STREET 1729 SW 444 C+ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Change Addition Delete__ TITLE TITI F Stefanie D'Avanzo NAME NAME 5379 Lyons Rd # 142 Cocomut Creek, FC 33073 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 eath; 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.

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

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CITY-ST-7IP

☐ Delete

Delete

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