

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004352

1. Entity Name

ANTHONY ASSOCIATES OF GEORGIA, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90270 008 \*\*\*150.00

Principal Place of Business

1400 E. OAKLAND PK. BLVD.  
204  
FT. LAUDERDALE FL 33334  
US

Mailing Address

1400 E. OAKLAND PK. BLVD.  
204  
FT. LAUDERDALE FL 33334  
US

2. Principal Place of Business

2400 E. Commercial Blvd  
Suite, Apt. #, etc.  
204

3. Mailing Address

2400 E Commercial Blvd  
Suite, Apt. #, etc.  
204

City & State  
Ft. Lauderdale FL  
Zip 33308 Country USA

City & State  
Ft. Lauderdale FL  
Zip 33308 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1893998

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

D'AVANZO, STEFANIE  
1400 E. OAKLAND PK. BLVD.  
#204  
FT. LAUDERDALE FL 33334

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

*Stefanie D'Avanzo* Secy/Treas

4-23-01

Signature typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JODOIN, KIMBERLY A 1729 SW 4TH CT FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JODOIN, FRANK A 1729 SW 4TH CT FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D'AVANZO, STEFANIE 5379 LYONS RD #142 COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Stefanie D'Avanzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-01 (934) 938-9999

Daytime Phone #

CR2E034 (10/00)