

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR 24 PH 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FA160000039160
1. Entity Name
ANNA K CONSULTING CORP.

Principal Place of Business Mailing Address
2620-2 BLANDING BLVD. #133
MIDDLEBURG, FL 32068

2. Principal Place of Business - SAME -
Suite, Apt. #, etc.
City & State
Zip Country
FL 32068

3. Mailing Address
2620-2 BLANDING BLVD.
Suite, Apt. #, etc.
133
City & State
MIDDLEBURG
Zip Country
FL 32068

REINSTATEMENT SPACE 99-00
4. FEI Number 59-306-4497
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANNA ARVIOSON
3089 MAIN ST.
MIDDLEBURG, FL 32068

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] MANAGER DATE 3/21/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>NILS ARVIOSON</u> <u>8215 ROLLA CT.</u> <u>ORLANDO, FL 32836</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>VIVIANN ARVIOSON</u> <u>8215 ROLLA CT.</u> <u>ORLANDO, FL 32836</u> <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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400003245334-8</u> <u>-05/09/00--01115--005</u> <u>*****900.00 *****900.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>NILS</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400003245334-8</u> <u>-05/09/00--01115--006</u> <u>*****8.75 *****8.75</u>
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 all other like empowered.

SIGNATURE: [Signature] NILS ARVIOSON Date 3/21/00 Daytime Phone # 9042913638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)