

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91348 036 ***150.00

DOCUMENT # G40752

1. Entity Name
ANAPA CORPORATION

Principal Place of Business

P.O. BOX 2445
VERO BEACH FL 32961

Mailing Address

849 20TH STREET
VERO BEACH FL 32960
US

2. Principal Place of Business

849 20th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Zip

32960

Country

US

Country

4. FEI Number

59-2297545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FENNELL, DARRELL
979 BEACHLAND BLVD.
VERO BCH. FL 32963**

7. Name and Address of New Registered Agent

Name

James A. Taylor, III

Street Address (P.O. Box Number is Not Acceptable)

5070 North Highway A-1-A Ste. 200

City

Vero Beach

FL

Zip Code

32963

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

JAMES A. TAYLOR, III

2/26/01

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, 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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	LAZAR, WERNER	
STREET ADDRESS	979 BEACHLAND BLVD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAZAR, WERNER	
STREET ADDRESS	979 BEACHLAND BLVD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	NEUHAUSER, ERNEST P(A/T)	
STREET ADDRESS	855A 11TH ST.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Ernest P. Neuhauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01
Date

Daytime Phone #

CR2E034 (10/00)