

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90160 016 ***150.00

0255634 AV

DOCUMENT # H33377

1. Entity Name
ANTON & ASSOCIATES CO.

Principal Place of Business

**1510 NE 130TH STREET
 4719 WAN BUREN STREET
 NORTH MIAMI FL 33161
 US**

Mailing Address

**1510 NE 130TH STREET
 4719 WAN BUREN STREET
 NORTH MIAMI FL 33161
 US**



2. Principal Place of Business

4719 VAN BUREN ST.
 Suite, Apt. #, etc.

3. Mailing Address

4719 VAN BUREN ST.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL.

City & State

HOLLYWOOD FL.

4. FEI Number

59-2468482

Applied For

Not Applicable

Zip

33021

Country

Zip

33021

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOLOVRAT, ANTON
 4719 VAN BUREN STREET
 HOLLYWOOD FL 33021-7245**

7. Name and Address of New Registered Agent

Name **ANTON KOLOVRAT**

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

4719 VAN BUREN ST.

City **HOLLYWOOD**

FL

Zip Code **33021**

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)

4.15.02

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 Delete
 NAME **PD KOLOVRAT, ANTON**
 STREET ADDRESS **1510 NE 130TH STREET**
 CITY-ST-ZIP **NORTH MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Change 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: ~~SIGNATURE REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.2002 954
 Date Daytime Phone #

CR2E034 (9/01)