FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2003 8:00 am Secretary of State DOCUMENT # 08-01-2003 90062 050 ****25.00 1. Entity Name 07-21-2003 90355 014 ***125.00 TRANGER MICHAEL HNTOWY LINE 2440 WORLD PKWY, BLUB, APT 56(LEARWATER FLA 33763 MIS. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address SHME ASNO 2440 WORLD PKW4: BLVB C'LEARWATER FLIZZY63 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4., FEI Number Applied For CLEARWATER 592576246 CLEARWATER (ZA 33763 Not Applicable 337<u>63</u> \$8.75 Additional 5. Certificate of Status Desired 33763 "INELLAS PINELLAS Fee Required 7. Name and Address of Current Registered Agent VOWA SR DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE CLEA<u>RWATER</u> 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. I am familiar with, and accept the obligations of registered agent. January 1 - May 1, Fee Is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE NAME NAME 2440 world Plany apt 50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP elimates & la TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE no world Klowy apt 56 NAME NAME THE STREET ADDRESS STREET ADDRESS DO NOT WRITE Clearnates Ila 33703 CITY-ST-ZIP-CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

FILED

CR2E034B (12/02)

A Hachmont 2003 FOR PROFIT CORPORATION

7/21/2003-90355-014-\$125.00-\$125.00

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1. Entity Nan	MENT # H6982 R MICHAEL ANTHONY, INC.		ALIO.		;			
A 46 HOM 6	e of Business PKWY BLV0 B FL 33763 APT 56	Mailing Address 2440 WORLD PKWY BLVI CLEARWATER FL 33763 US	AFT	#56	80135	442		
2. Principal F	Place of Business ME AS 3	3. Mailing Address 2446 WoRLD	PAWE.	BLUD	March March			*
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		CLEARWATER FLA.		LA·	4. FEI Number 59-2576246 Applied For Not Applied]
Zip	Country	33763	Country	ELLAS	5. Certificate of Status Desired	\$8.75 A		1
7	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registe	ered Agent		<u>]:</u>
VONA SAM SR				lame	ess (P.O. Box Number is Not Acceptable)			
# 56			Γ					Ţ
CLEARW/	NTER FL 33763		-	City		FL Zip Co	de	1
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered o	office or registere	ed agent, or both, in the State of Florida.	I am familiar with	, and accept	
SĮGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	E: Registered Age	berluper eurgangie the	when reinstating) D	ATE		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. c Payable to Florida Department of				Election Campaign Financing Trust Fund Contribution.		DO May Be	
10.	OFFICERS AND I	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	1S IN 11	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VONA, MICHAEL ANTHONY 2440 WORLD PKWY APT 58 CLEARWATER FL 33763	Delets	NAME STREET AD CITY-ST-			☐ Change	Addition	CR2E034 (4/03)
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TITLE NAME	ST VONA, SAM	Delete	TITLE NAME			Change	Addition	_
STREET ADDRESS CITY-ST-ZIP	2440 WORLD PKWY BLVD #56 CLEARWATER FL 33763		STREET AD CITY-ST-2	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-2			☐ Change	Addition	}
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD	DRESS		☐ Change	Addition	
12. I hereby of indicated	ertify that the information supplied with to on this report or supplemental report is to	his filing does not qualify for rue and accurate and that m	the exemption signature :	L_	tion 119.07(3)(i), Florida Statutes. I further ame legal effect as if made under oath; the Florida Statutes; and that my name appea	certify that the li	nformation of director	
of the cor	poration or the receiver or trustee empoy	vered to execute this report :	as required t	by Chapter 607,	Florida Statutes; and that my name appear	ars in Block 10 or	Block 11 if	