2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State J75618 DOCUMENT # 1. Entity Name 05-06-2002 90257 040 ***150 00 ANTHONY PROPERTIES, INC. Principal Place of Business Mailing Address ANTHONY, DONALD H. ANTHONY, DONALD H. 4330 DEERWOOD TRAIL 4330 DEERWOOD TRAIL MELBOURNE FL 32934-8421 MELBOURNE FL 32934-8421 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2812427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTHONY, DONALD H. Street Address (P.O. Box Number is Not Acceptable) 4330 DEERWOOD TRAIL **MELBOURNE FL 32935** City Zip Code 8. The above nariest entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE Change TITLE ANTHONY, DONALD NAME NAME STREET ADDRESS 4330 DEERWOOD TRAIL STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ANTHONY, DONALD NAME STREET ADDRESS STREET ADDRESS 4330 DEERWOOD TRAIL CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee errors as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment

SIGNATURE:

FILED