2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M72799 May 15, 2000 8:00 am **Secretary of State** ANTH-CAT, INC. 05-15-2000 90161 044 ***150.00 Mailing Address Principal Place of Business 7830 CAPITANO STREET 7830 CAPITANO STREET **RIVERVIEW FL 33569-4476** RIVERVIEW FL 33569 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2874982 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name D'AMICO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) **7830 CAPITANO STREET** RIVERVIEW FL 33569 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE D'AMICO, ANTHONY J NAME NAME STREET ADDRESS 7830 CAPITANO STREET STREET ADDRESS CITY-ST-7IP RIVERVIEW FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME D'AMICO, CATHLEEN C NAME STREET ADDRESS 7830 CAPITANO STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE 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 ☐ Change Addition ☐ Delete TITLE TITLE 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 13. I hereby certify that the information supplied with this filling 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 attackment with an address, with all officer like amprovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813/246-5913