2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR DOCUMENT # M72799 1. Entity Name ANTH-CAT, INC.					FILED Mar 13, 2002 8:00 am Secretary of State 03-13-2002 90043 050 ***150.00			
Principal Place of Business 7830 CAPITANO STREET RIVERVIEW FL 33569		Mailing Address 7830 CAPITANO STREET RIVERVIEW FL 33569						
2. Principal F	Place of Business	3. Mailing Address			† 180180 11 111 1 3410 11 0 11 1 8410 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State		4.	FEI Number 59-2874982	├	oplied For	
Zip	Country	Zip	Country	. 5.	Certificate of Status Desired	\$8.75 Add		ĺ
	6. Name and Address of Current F	legistered Agent		7.	Name and Address of New Rec			
D'AMICO, ANTHONY J 7830 CAPITANO STREET RIVERVIEW FL 33569			Street Add	iress (P.O. I	Box Number is Not Acceptable)			
8. The above	e named entity submits this statement for		egistered office or re	egistered aç	gent, or both, in the State of Florid	FL Zip Cod da.	e	
Tax filing	Signature, typed or printed name of registered agent as oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!!	FEE IS \$150.00 FEE will be \$550 to Department of	0.00	10. Election Campaign Finar Trust Fund Contribution.		May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D D'AMICO, ANTHONY J 7830 CAPITANO STREET RIVERVIEW FL	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ΑΙ	DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'AMICO, CATHLEEN C 7830 CAPITANO STREET RIVERVIEW FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empored or on an areachment with an address, w	rue and accurate and that my	signature shall have	e the same	legal effect as if made under oat	h: that Lam an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR