

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90013 016 \*\*\*\*61.25

**DOCUMENT # N28014**

1. Entity Name

**ASSOCIATION OF WORKING PEOPLE, INC.**

Principal Place of Business

Mailing Address

8215 62ND CT E  
 STE 1801  
 SARASOTA FL 34232  
 US

8215 62ND CT E  
 STE 1801  
 SARASOTA FL 34232  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2906730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, KEITH**  
**8215 62ND STREET COURT E**  
**STE 1801**  
**SARASOTA FL 34243**

Name

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

City

**FL**

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANONICH, SHELLOY	
STREET ADDRESS	8215 62ND ST COURT EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, KEITH	
STREET ADDRESS	8215 62ND STREET COURT EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANNONIC, HANNAH	
STREET ADDRESS	8215 62ND STREE COURT EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SHELLOY ANONICH*  
 SHELLOY ANONICH

Date

Daytime Phone #

4-25-02

941-359-3025

CR2E037 (9/01)