

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90095 030 ***150.00

DOCUMENT # P00000009726

1. Entity Name
ANTTILA, INC.



Principal Place of Business
**11320 S.E. FEDERAL HWY
HOBE SOUND FL 33455**

Mailing Address
**11320 S.E. FEDERAL HWY
HOBE SOUND FL 33455**



2. Principal Place of Business
5612 SE Lemay Drive
Suite, Apt. #, etc.

3. Mailing Address
5612 SE Lemay Drive
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Stuart FL

City & State
Stuart FL

4. FEI Number **65-0999200**

Applied For
Not Applicable

Zip **34997** Country **Martin**

Zip **34997** Country **Martin**

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

**DAY, STEVEN
11320 S.E. FEDERAL HWY
HOBE SOUND FL 33455**

Name
Anttila, Peter
Street Address (P.O. Box Number is Not Acceptable)
5612 SE Lemay Drive
City **Stuart** **FL** Zip Code **34997**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ANTTILA, PETER**
STREET ADDRESS **2294 S.E. LAMAY DRIVE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☒ Delete
NAME **DAY, STEVEN**
STREET ADDRESS **9300 S.E. EAGLE AVE.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Anttila, Peter**
STREET ADDRESS **5612 SE Lemay Drive**
CITY-ST-ZIP **Stuart FL 34997**

TITLE **S** ☐ Change ☒ Addition
NAME **Anttila, Marco**
STREET ADDRESS **5612 SE Lemay Drive**
CITY-ST-ZIP **Stuart FL 34997**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/02)