

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013464

1. Entity Name
ANEILLO, INC.

Principal Place of Business
643 W JOHNSON AVE
HAINES CITY FL 33844

Mailing Address
643 W JOHNSON AVE
HAINES CITY FL 33844

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

59-3624934

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

~~ORZO, NEIL~~
643 W JOHNSON AVE
HAINES CITY FL 33844

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D ORZO, NEIL
STREET ADDRESS 11 PENINSULA AVE 2606 Crest Drive
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400004494244--5
CITY-ST-ZIP -07/24/01--01095--006
****150.00 ****150.00

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

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 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 attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-d

(863) 422-7227

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 12 AM 11:14



DO NOT WRITE IN THIS SPACE

0123180 AT

CR2E034 (5/01)

Attachment

18292
Doe. # 000000013464

ANEILLO INC.
643 W. JOHNSON AVE.
HAINES CITY, FL 33844

TO WHOM IT MAY CONCERN,

ON APRIL 11 2001 , I ATTEMPTED TO FILE THE 2001 UNIFORM
BUSINESS REPORT ONLINE . I RECEIVED CONFIRMATION THAT MY
FILING WAS COMPLETE ON THAT DAY. HOWEVER ON JULY 1 2001 I
RECEIVED THE SECOND NOTICE TO FILE . I CALLED YOUR OFFICE AND
THEY DO HAVE RECORD OF MY ATTEMPT TO FILE ON APRIL 11 2001.
THE PERSON I SPOKE WITH SAID TO WRITE A LETTER AND EXPLAIN
AND MAIL IN THE CHECK FOR \$150.00 . INCLUDED IS THE CHECK AND
THE FORM. THANK YOU FOR YOUR HELP IN THIS MATTER.