

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90030 001 ***150.00



DOCUMENT # P00000013703

1. Entity Name
ANNE M. CAIN, INC.

Principal Place of Business
**4122 PARK PLACE
FERNANDINA BEACH FL 32034**

Mailing Address
**4122 PARK PLACE
FERNANDINA BEACH FL 32034**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
96150 PARK PLACE
Suite, Apt. #, etc.

3. Mailing Address
96150 PARK PLACE
Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL

City & State
FERNANDINA BEACH, FL

4. FEI Number
59-3622665

Applied For
Not Applicable

Zip
32034

Country

Zip
32034

Country

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

**CAIN, ANNE M
4122 PARK PLACE
FERNANDINA BEACH FL 32034**

Name **ANNE M. CAIN**
Street Address (P.O. Box Number is Not Acceptable)
96150 PARK PLACE
City **FERNANDINA BEACH FL** Zip Code **32034**

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 *Anne M Cain*

DATE 1/2/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CAIN, ANNE M |
| STREET ADDRESS | 4122 PARK PLACE |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 96150 PARK PLACE |
| CITY-ST-ZIP | SAME |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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 (REQUIRE) M. CAIN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/2/03

DAYTIME PHONE # 904-321-0871

CR2E034 (10/02)