

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90104 016 ***150.00

DOCUMENT # P00000022093

1. Entity Name
ANKIE, INC.

Principal Place of Business

**4443 GLENVIEW LANE
WINTER PARK FL 32792**

Mailing Address

**4443 GLENVIEW LANE
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3651122

Applied For
Not Applicable

Zip

Country

Zip

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

**READ-SEGERIUS, ANKE M
4443 GLENVIEW LANE
WINTER PARK FL 32792**

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. 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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SEGERIUS, ANKE R**
STREET ADDRESS **4443 GLENVIEW LANE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
CHASTANG, FERRELL, SIMS & EISERMAN, L.L.C.

Certified Public Accountants & Consultants

A member of



1400 W. Fairbanks Ave.
Suite 102

Winter Park, Florida 32789
Tel.: (407) 629-1944
Fax: (407) 740-0671

Northern Trust Building
Suite 285 - 4001 Tamiami Trail North
Naples, Florida 34103
Tel.: (941) 643-1901
Fax: (941) 643-9808

SunTrust Bank Center - Building 1
Suite 309 - 3379 West Vine Street
Kissimmee, Florida 34741
Tel.: (407) 935-0101
Fax: (407) 935-0103

Please reply to: Winter Park

September 9, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Ankie, Inc.
EIN: 59-3651122

To whom it may concern:

Please find enclosed a check in the amount of \$150 representing payment of the 2002 Uniform Business Report fee. We respectfully request that your office grant a one-time waiver of the reinstatement fee. Please note that the client will take the necessary steps to ensure the Uniform Business Report is filed by May 1st in future years.

Thank you and if you have any questions, please do not hesitate to contact our office.

Sincerely,

Mia A Thomas
Mia A. Thomas

MAT:slb

Enclosures
as stated

cc: Anke Read-Segerius