

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90694 004 ***550.00

DOCUMENT # P00000062016

1. Entity Name
ANB HOLDINGS, INC.

Principal Place of Business

4301 N. FEDERAL HWY.
OAKLAND PARK FL 33308

Mailing Address

4301 N. FEDERAL HWY.
OAKLAND PARK FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2121173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAYSASH, GARY
4301 N. FEDERAL HWY.
OAKLAND PARK FL 33308

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DEUSCHLE, JAY**
STREET ADDRESS **1100 NE 45TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **D** ☐ Delete
NAME **FAYSASH, GARY**
STREET ADDRESS **7750 SOLIMAR CIR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete
NAME **FUHRER, JOHN**
STREET ADDRESS **179 ROYAL PALM DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **INGHAM, FREDERICK**
STREET ADDRESS **P. O. BOX 11047**
CITY-ST-ZIP **FT. LAUDERDALE FL 33339**

TITLE **D** ☐ Delete
NAME **INGHAM, RICHARD S**
STREET ADDRESS **P. O. BOX 11047**
CITY-ST-ZIP **FT. LAUDERDALE FL 33339**

TITLE **D** ☐ Delete
NAME **INGHAM, RICHARD S JR.**
STREET ADDRESS **P. O. BOX 11047**
CITY-ST-ZIP **FT. LAUDERDALE FL 33339**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Timothy Ingham**
STREET ADDRESS **P.O. Box 11047**
CITY-ST-ZIP **Ft. Lauderdale FL 33339**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert L. Lambert**
STREET ADDRESS **23 Isla Bahia**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

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 all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

PR2E034 (9/01)