

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90392 028 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-2121173

65-1122834

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **Timothy Ingham**
STREET ADDRESS **P.O. Box 11047**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

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

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

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

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

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

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)