

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90951 040 ***150.00

DOCUMENT # P00000074698

1. Entity Name
AANYTHING, INC.

Principal Place of Business
**1761-4 RED CEDAR DRIVE
 FORT MYERS FL 33907**

Mailing Address
**1761-4 RED CEDAR DRIVE
 FORT MYERS FL 33907**

2. Principal Place of Business
2036 Beacon Manor Drive
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 101217
 Suite, Apt. #, etc.

City & State
Fort Myers, Florida
 Zip
33907
 Country ~~USA~~

City & State
Cape Coral, Florida
 Zip
33910-1217
 Country

4. FEI Number
65-1031044

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LIPSHUTZ, ROBERT M
 3613 DEL PRADO BOULEVARD
 CAPE CORAL FL 33904**

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, 2001 Fee will be \$550.00
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P, D			
	Robert M. Lipshutz	3613 Del Prado Boulevard	Cape Coral, FL 33904	
	V, T, D, M			
	Travis K. Tuffe	1761-4 Red Cedar Drive	Fort Myers, FL 33907	
	S			
	Treasure Huffman	3613 Del Prado Boulevard	Cape Coral, FL 33904	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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: **Robert M. Lipshutz, President** 4-10-01 941 549 8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)