## 2002 UNIFORM RUSINESS REPORT (UBR)

2002 01111 01111 200111200 1121 0111 (0211)				$\neg$ Feb 04, 2	ንበበኃ Я	l·M am
DOCUMENT # 1. Entity Name #1231 ANT I HIT IT INC 76 10491 M	000100876			Secreta	ry of 90341 023 *:	State
Principal Place of Business	Mailing Address					
541 MARY ESTHER CUTOFF FT WALTON BEACH FL 32848	541 MARY ESTHER CUTOFF FORT WALTON BEACH FL 32548					
2. Principal Place of Business	3. Mailing Address			£ 100 \$100 \$ 111 \$0111 95111 051		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State			4. FEI Number		Applied For
Zipa grays manifes Country	Zip	Cour	ntrv	59-3694965	_ \$8.7	Not Applicable  5 Additional
The second secon		000	,	5. Certificate of Status Desired Fee Required		
6. Name and Address of Cur	rent Registered Agent		Name	7. Name and Address of New Re	gistered Agent	
LEE, JOHN M 541 MARY ESTHER CUTOFF FT WALTON BEACH FL 32848			Street Addre	ess (P.O. Box Number is Not Acceptable		ip Code
8. The above named entity submits this statement of the s	Le JOHN N	1. <i>LE E</i>	, Pre		rida. ISIOZ DATE	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See Criteria on back)  This corporation is eligible to satisfy its Intangible  After May 1, 2002 Fee  Make Check Payable to I			will be \$550.	I HUSEFUNG CONTINUUTO	· -	\$5.00 May Be Added to Fees
11. OFFICERS	AND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 11
NAME STREET ADDRESS 541 MARY ESTHER CUTOF FORT WALTON BEACH FL						hange
ππιε	☐ Delete	TITI	.E		□ c	hange

CR2E034 (9/01) NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 path; 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURÉ:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

1/15/02 8502447611 Date Daytime Phone #