

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90133 015 ***150.00

DOCUMENT # P01000012191

1. Entity Name
A.N.P.T., INC.



Principal Place of Business
**125 N. AIRPORT PULLING ROAD
SUITE #202
NAPLES FL 34104**

Mailing Address
**125 N. AIRPORT PULLING ROAD
SUITE #202
NAPLES FL 34104**



2. Principal Place of Business

3. Mailing Address

125 N. Airport P. RD

Suite, Apt. #, etc.

#202

City & State

NAPLES FL 34104

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3696644**

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

**FLOOD, PETER T
125 N. AIRPORT PULLING ROAD
SUITE #202
NAPLES FL 34104**

Name **ANNETAL NORMIL**
Street Address (P.O. Box Number is Not Acceptable)

125 N. Airport Pulling RD #202
City **NAPLES** FL **34104**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/12/03**

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 ☐ Delete
NAME **D**
STREET ADDRESS **NORMIL, ANNETAL**
CITY-ST-ZIP **3883 PROGRESS AVEUE
NAPLES FL 34104**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)