## **2002 UNIFORM BUSINESS REPORT (UBR)**

2002 UNIFORM BUSINESS REPORT (UBR)									FILED Feb 14, 2002 8:00 am						
DOCUMENT # P0100027808  1. Entity Name ANYOCC, INC.						****			Seci	.4, 2 cetai -2002 90	ry o	f St	ate	1	
Principal Place of Business  5124 SE HARBOR TERRACE  STUART FL 34997  Mailing Address  POST OFFICE BOX 121  PORT SALERNO FL 34992								118	011001 311 00101 3101	1 <b>18</b> 71( <b>18</b> 11) <b>1</b>	1181 <b>88</b> 81 <b>8</b> 141	LIC I <b>CLÉ</b> C LEIG	A DOLOK IBIL KODO		
2. Principal	Place of Busin	ness		3. Mailing Address	•										
Suite, Apt	. #, etc			Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Sta	City & State	& State			4. FEI Number Applied For						3				
Zip		Country		Zip	Cour	ntry			- 1088		<b>\$</b>	8.75 Ac	ot Applicable	)	
	6 Name	and Addre	see of Current	Registered Agent		<u></u>			te of Status De		F	e Require		1	
	<del></del>			negistered Agent		-Name-		7. Ivame al	nd Address of	New Regis	stered Ag	ent	<del>= -==-</del> -	-{ -	
MILLER, CHARLES H 5124 SE HARBOR TERRACE						Street Address (P.O. Box Number is Not Acceptable)									
STUART	FL 34997													1	
						City				<del></del>	FL	Zip Coo	de	1	
8. The above	named entity	y submits th	nis statement fo	r the purpose of changi	ing its register	ed office or	registere	ed agent, or b	ooth, in the Stat	e of Florida				-	
							Ü								
SIGNATURE	Signature, typed	or printed name	of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signatu	re required t	when reinstating)			DATE	<u>_</u>			
9. This corp			fy its Intangible		IOW!!! FEE			<del></del>		.,,,,,			. te.	$\dashv$	
Tax filing	requirement a			After May Make Check F	1, 2002 Fee			٦ -	Election Campa rust Fund Cont	0	ng 		00 May Be d to Fees		
11.	· · · · · · · · · · · · · · · · · · ·		FFICERS AND		12.	epartment	. Oi Stat		S/CHANGES T	O OFFICER	RS AND D	IRECTOR	S IN 11	$\dashv$	
ŢITLE	PD	111150		☐ Delete	TITL	E			Pi.			Change	Addition	13	
NAME STREET ADDRESS	AKIYAMA, 2836 NE	JAMES S 3380 STR	S FFT		NAM etro	e Et address								9	
CITY-ST-ZIP	LIGHTHOU	JSE POIN	T FL 33064			-ST-ZIP									
TITLE	STD			☐ Delete	TITL	E .						Change	Addition	78	
NAME STREET ADDRESS	MILLER, C 5124 SE I				, NAM	E ET ADDRESS									
CITY-ST-ZIP	STUART F		IERRAUE			-ST-ZIP									
TITLE				☐ Delete	TITLE		•					Change	☐ Addition	1	
NAME STREET ADDRESS					. NAM	_									
CITY-ST-ZIP						ET ADDRESS - ST-ZIP									
TITLE				☐ Delete	TITLE			<del></del>				Change	Addition	1	
NAME				•	NAM							_ `	_		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP								ı	
TITLE		·		☐ Delete	TITLE	<del>-</del>	·					Change	Addition	1	
NAME					NAMI						_	_ onungo			
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP									
TITLE				☐ Delete	TITLE							Change	Addition	-	
NAME	٠			Dolete	NAMI						L	_ onange	Addition		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS									
	ertify that the	information	supplied with	this filing does not qual		ST-ZIP	nd in So-	tion 110 07/0	\(i) Elected = 0'-1	udae I &	or care	that the	form -41-	-	
muicaled	on mis recon	or suppler	nental report is i	true and accurate and t wered to execute this re it, all other like empow	that my clanat	iira chall ha	n/o tha ec	ma laggi affa	set as if made u	indor oathi	that lam	an afficar	ar diractor		

SIGNATURE:

561/219-4427