

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0441723 AV

**DOCUMENT # P01000029719**

1. Entity Name  
**ANB ENTERPRISES, INC.**

04-11-2002 90087 025 \*\*\*150.00

Principal Place of Business  
~~25 SECOND STREET NORTH #430~~  
**ST. PETERSBURG FL 33701**

Mailing Address  
~~25 SECOND STREET NORTH #430~~  
**ST. PETERSBURG FL 33701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**One Progress Plaza**  
 Suite, Apt. #, etc.  
**SUITE # 450**  
 City & State  
**ST. PETERSBURG FLA**  
 Zip  
**33701**

3. Mailing Address  
**One Progress Plaza**  
 Suite, Apt. #, etc.  
**SUITE 450**  
 City & State  
**ST. PETERSBURG FLA**  
 Zip  
**33701**

4. FEL Number  
**593707406**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**AVIRAM, TAL**  
~~25 SECOND STREET NORTH #430~~  
**ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**One Progress Plaza**  
**SUITE 450**  
 City  
**ST. PETERSBURG** **FL** Zip Code  
**33701**

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 \_\_\_\_\_ (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, 2002 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	<b>PD</b> <b>AVIRAM, JIMMY</b> <b>501 CAUSEWAY BLVD.</b> <b>BELLEAIR BEACH FL 33786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BROWER, JERRY</b> <b>3318 SURREY LANE</b> <b>DEER PARK TX 77536</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>AVIRAM, TAL</b> <b>13373 106TH AVENUE N</b> <b>LARGO FL 33774</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DAVIDEK, NANCY</b> <b>3810 SAN LUIS</b> <b>TAMPA FL 33629</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)