

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90143 036 ***150.00

DOCUMENT # P01000044424

1. Entity Name
ANTHONY COLANGELO & ASSOCIATES, INC.



Principal Place of Business
**809 S RIVERSIDE DR
POMPAÑO BEACH FL 33062**

Mailing Address
**809 S RIVERSIDE DR
POMPAÑO BEACH FL 33062**



2. Principal Place of Business
3011 NE 21ST Ave.
Suite, Apt. #, etc.

3. Mailing Address
3011 NE 21ST Ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LIGHTHOUSE POINT FL
Zip
33064 Country
BROWARD

City & State
LIGHTHOUSE POINT FL
Zip
33064 Country
BROWARD

4. FEI Number **65-1096691**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COLANGELO, ANTHONY
809 S RIVERSIDE DR
POMPAÑO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name
ANTHONY COLANGELO
Street Address (P.O. Box Number is Not Acceptable)
3011 NE 21ST AVE
City
LIGHTHOUSE POINT FL Zip Code
33064

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

Anthony Colangelo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/03

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

TITLE
P ☐ Delete
NAME
COLANGELO, ANTHONY
STREET ADDRESS
809 S RIVERSIDE DR
CITY-ST-ZIP
POMPAÑO BEACH FL 33062

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☒ Change ☐ Addition
NAME
3011 NE 21ST Ave
STREET ADDRESS
Lighthouse Point, FL. 33064
CITY-ST-ZIP
33064

TITLE
☐ Change ☐ Addition
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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:

Anthony Colangelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/03

CR2E034 (10/02)