

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

03-11-2002 90078 009 \*\*\*158.75

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053363

1. Entity Name  
ANTIPRISE, INC.

DO NOT WRITE IN THIS SPACE

22563

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2. Principal Place of Business 301 NATIONAL ORANGE AVE Suite, Apt. #, etc.		3. Mailing Address 301 NATIONAL ORANGE AVE Suite, Apt. #, etc.	
City & State OLDSMAR FL		City & State OLDSMAR FL	
Zip 34677	Country USA	Zip 34677	Country USA
4. FFI Number 59-3721629		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

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7. Name and Address of Current Registered Agent  
Name SEBASTIAN DELEDDA  
Street Address (P.O. Box Number is Not Acceptable)  
301 NATIONAL ORANGE AVE  
City & State  
OLDSMAR FL Zip Code 34677

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 *Sebastian Deledda* SEBASTIAN DELEDDA 3/30/02  
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1st - May 1st Fee is \$150.00  
After May 1st Fee is \$500.00  
Amended UBR is \$61.25  
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	P/V/T/S/D/C SEBASTIAN DELEDDA 301 NATIONAL ORANGE AVE. OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: SEBASTIAN DELEDDA *Sebastian Deledda* 2/20/02 (727)481-9908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)