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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 # ~~PO1000053363~~

1. Entity Name
ANTIPRISE, INC.

DO NOT WRITE IN THIS SPACE

22563

2. Principal Place of Business 301 NATIONAL ORANGE AVE	3. Mailing Address 301 NATIONAL ORANGE AVE
Suite, Apt. #, etc. OLDSMAR FL	Suite, Apt. #, etc. OLDSMAR FL
City & State OLDSMAR FL	City & State OLDSMAR FL
Zip 34677	Country USA
Zip 34677	Country USA

DO NOT WRITE IN THIS SPACE

4. EFT Number 59-3721629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 OLDSMAR	FL 34677

6. 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
(NOTE: Registered Agent signature required when renewing)
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1st: Fee is \$150.00 After May 1st: Fee is \$50.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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CR2E034B (1201)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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* 2/20/02 (727)481-9908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytona Phone #