

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070261

1. Entity Name  
ANYTHING LEGAL, INC.

Principal Place of Business  
6289 W SUNRISE BLVD STE 114  
SUNRISE FL 33313

Mailing Address  
6289 W SUNRISE BLVD STE 114  
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



APPROVED AND FILED  
02 JUN 12 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FFI Number

65-1119845

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, IAN  
6289 W SUNRISE BLVD STE 114  
SUNRISE FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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)

☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, IAN	
STREET ADDRESS	6289 W SUNRISE BLVD STE 114	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.S.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IAN GARDNER	
STREET ADDRESS	6289 W. SUNRISE BLVD #114	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)

June 6, 2002

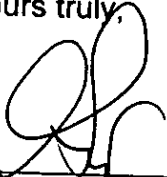
TO: Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

ATTN: UBR

To Whom It May Concern:

Please excuse my delay in forwarding these returns. The excusable neglect was due to a change in bookkeepers and only today did we realize that the previous bookkeeper did not forward the returns as required. We only realized this after going through the desk, as we did not receive any follow-up notices. Please accept my apologies and my seven (7) filings.

Thanking you,  
Yours truly,



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Ian Gardner  
6289 W. Sunrise Blvd. Suite 114  
Sunrise, FL 33313  
(954) 581-9659