

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002
Amended

DOCUMENT # **PO1000103031**

1. Entity Name

A.N. of South Florida, Inc

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS

02 FEB 27 PM 4:15

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10089 NW 48TH ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs FL

City & State

4. FEI Number

65-1147240

Applied For

Not Applicable

Zip
33076

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Reback, Allen

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

10689 NW 48TH ST

City

Coral Springs

FL

Zip Code

33076

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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	D Reback, Allen 10689 NW 48TH ST Coral Springs FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	173/5
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen Reback

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

954-341-0189

Daytime Phone #

CR2E034B (12/01)