

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90066 049 ***150.00

0015127 AT

DOCUMENT # P01000114084

1. Entity Name
ANMAR HOMES INC.

Principal Place of Business
8811 STATE RD. 52. STE. 28
HUDSON FL 34667

Mailing Address
8811 STATE RD. 52. STE. 28
HUDSON FL 34667

2. Principal Place of Business
1311 Vermont Ave
 Suite, Apt. #, etc.

3. Mailing Address
1311 Vermont Ave
 Suite, Apt. #, etc.

City & State
Tarpon Springs, FL
Zip **34689** **Country** **USA**

City & State
Tarpon Springs, FL
Zip **34689** **Country** **USA**

4. FEI Number ☒ **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NICHOLAS, GEORGE
8811 STATE RD. 52, STE. 28
HUDSON FL 34667

7. Name and Address of New Registered Agent
Name **Anthony Nicholas**
Street Address (P.O. Box Number is Not Acceptable) **1311 Vermont Ave**
City **Tarpon Springs** **FL** **Zip Code** **34689**

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 **DATE** **3-21-02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input type="checkbox"/> Delete
NAME	NICHOLAS, ANTHONY
STREET ADDRESS	55 DODECAN. ESE BLVD. ✓
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	D <input type="checkbox"/> Delete
NAME	NICHOLAS, GEORGE
STREET ADDRESS	8811 STATE RD. 52, STE. 28
CITY-ST-ZIP	HUDSON FL 34667
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1311 Vermont Ave
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	
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 #

3-21-02

CR2E034 (9/01)