

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90161 047 \*\*\*550.00

**DOCUMENT # P02000092255**

1. Entity Name  
**ANGLO AMERICAN VENTURES, INC.**



Principal Place of Business  
**13757 76TH AVENUE  
SEMINOLE FL 33776**

Mailing Address  
**13757 76TH AVENUE  
SEMINOLE FL 33776**

2. Principal Place of Business  
**13799 PARK BLVD.**

3. Mailing Address  
**13799 PARK BLVD**

Suite, Apt. #, etc.  
**SUITE 103**

Suite, Apt. #, etc.  
**SUITE 103**

City & State  
**SEMINOLE FL**

City & State  
**SEMINOLE FL**

Zip Country  
**33776 USA**

Zip Country  
**33706 USA**

4. FEI Number  
**52-2373715**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GREENE, ELLIOT  
3405 NW 9 AVENUE  
# 1201  
FT. LAUDERDALE FL 33309**

## 7. Name and Address of New Registered Agent

Name **KEITH P. FRASER**  
Street Address (P.O. Box Number is Not Acceptable)  
**13757 76TH AVENUE**  
City **SEMINOLE** FL Zip Code **33776**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **KEITH P. FRASER**  
Signature, typed or printed name of registered agent and title if applicable.

**KEITH P. FRASER (CHAIRMAN)** 08/08/03  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **FRASER, KEITH**  
STREET ADDRESS **13757 76TH AVENUE**  
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **V** ☐ Delete  
NAME **FRASER, NICHOLAS**  
STREET ADDRESS **13757 76TH AVENUE**  
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KEITH P. FRASER** 08/03/03 727-656-1784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)