

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90104 018 \*\*\*150.00

DOCUMENT # P02000123644



1. Entity Name  
ANUTHA BREED, INC.

Principal Place of Business  
9851 N.E. 12TH STREET  
WILDWOOD FL 34785  
US

Mailing Address  
9851 N.E. 12TH STREET  
WILDWOOD FL 34785  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-3390916

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

SESLER, JAY J  
9851 N.E. 12TH STREET  
WILDWOOD FL 34785

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

SIGNATURE

*Jay J. Sessler*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-03-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO  
NAME JAY J. SESLER  
STREET ADDRESS 9851 N.E. 12TH STREET  
CITY-ST-ZIP WILDWOOD FLA. 34785

TITLE VP  
NAME CONRAD TROWERS  
STREET ADDRESS 15036 SW 35TH CIRCLE  
CITY-ST-ZIP OCALA FL 34473

TITLE COO  
NAME MR. GERARD COLTER  
STREET ADDRESS 1828 NE KAMA CT  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-461-9072  
3-03-03

Date Daytime Phone #

CR2034 (10/02)