


**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
Suite, Apt. #, etc.

3. Mailing Address
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

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

7. Name and Address of New Registered Agent

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* DATE **3-03-03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE CEO	<input type="checkbox"/> Delete
NAME JAY J SESLER	
STREET ADDRESS 9851 N.E. 12th Street	
CITY-ST-ZIP Wildwood FLA. 34785	
TITLE VP	<input type="checkbox"/> Delete
NAME CONRAD TROWERS	
STREET ADDRESS 15036 SW 35TH CIR.	
CITY-ST-ZIP OCALA FL 34473	
TITLE COO	<input type="checkbox"/> Delete
NAME MR. GERARD COLTER	
STREET ADDRESS 1828 NE KAMA CT	
CITY-ST-ZIP TALLAHASSEE FL 32304	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *JAY J SESLER* **SIGNATURE REQUIRED** DATE: **3-03-03** 9072

Signature and typed or printed name of signing officer or director



CR2034 (10/02)