

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005491

1. Entity Name

ANSLEY, INC.

Principal Place of Business

4101 N.W. 8 STREET
COCONUT CREEK FL 33066

Mailing Address

P.O. BOX 6351
FORT LAUDERDALE FL 33310-6351

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

65-0371282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSLEY, BARBARA J
1941 W. OAKLAND PARK BLVD
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

BARBARA JEAN ANSLEY

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

701 E. COMMERCIAL BLVD, THIRD FLOOR

City

FORT LAUDERDALE

FL

Zip Code

33334

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

Barbara Jean Ansley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-2000

DATE

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, 2000 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 ☐ Delete

NAME ANSLEY, BARBARA JEAN
STREET ADDRESS P.O. BOX 6351 N/A
CITY-ST-ZIP FORT LAUDERDALE FL 33310

TITLE ☒ Delete

NAME SD LOY, MARGARET
STREET ADDRESS 8503 WOODHURST DRIVE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete

NAME VD LETZLER, ELIZABETH
STREET ADDRESS 1 BERKLEY STREET
CITY-ST-ZIP BALDWIN NY 11510

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME SD NOGUEZ, MARGARET
STREET ADDRESS 12508 FOREST LANE DRIVE
CITY-ST-ZIP TAMPA, FLORIDA 33624

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara Jean Ansley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

DATE

954-776-4774

DAYTIME PHONE #

CR2E034 (9/99)