


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10F2

00756  
AV

**DOCUMENT # P92000011935**

1. Entity Name  
**ANGLO-CONTINENTAL MARKETING U.S.A. INC.**



FILED

04 JAN 28 AM 9:37

SECRETARY OF STATE



Principal Place of Business <b>880 A1A BEACH BLVD. APT. 5313 SAINT AUGUSTINE FL 32084 US</b>		Mailing Address <b>880 A1A BEACH BLVD. APT. 5313 SAINT AUGUSTINE FL 32084 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

128

<b>6. Name and Address of Current Registered Agent</b>  <b>MCCLUNG, SUE-JANE M.</b> <b>880 A1A BEACH BLVD. APT. 5313</b> <b>SAINT AUGUSTINE FL 32084</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCLUNG, SUE-JANE M</b> <b>APT 5313 880 A1A BEACH BLVD</b> <b>ST AUGUSTINE FL 32080</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000016104</b> <b>01/28/04-80040-022 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V/T</b> <b>MANDIC, MARGOT W</b> <b>APT 5313 880 A1A BEACH BLVD</b> <b>ST AUGUSTINE FL 32080</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>MANDIC, ZELJKO P</b> <b>APT 5313 880 A1A BEACH BLVD</b> <b>ST AUGUSTINE FL 32080</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *ShMcClung* **JANUARY 14 2003 904-460-0795**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE  
FLORIDA 32314

20F2  
880  
~~3300~~ A1A South, Apt. 5313  
St. Augustine, Florida ~~32084~~ 32080 U.S.A.  
Phone (904) ~~471-4446~~ 471-4446  
Fax (904) 471-9589  
PHONE (772) 463-7050

JANUARY 13 2004

DEAR SIR,

~~PLEASE FIND ENCLOSED A COPY OF UBR FORM FOR 2003.~~

WE HAVE CHANGED OUR CORPORATION ADDRESS AS BELOW.

7233, SE MAGELLAN LANE,  
STUART, FLORIDA 32997.

PLEASE FORWARD THE UBR FORM FOR 2004 TO THE  
NEW ADDRESS. WE ARE SENDING THE FEE FOR THE  
2004 CORPORATION FILING IN THE AMOUNT OF \$150.00.  
NOTIFY US IF THERE HAS BEEN AN INCREASE IN THE  
MEAN TIME.

THANK YOU FOR YOUR ASSISTANCE WITH THIS MATTER.

SUE-JANE M. McCLUNG