FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2002 JUL -1 AM 9:38

DOCUMENT # P93000028928

1. Entity Name

Anton, Inc. (Amended Report)

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12505 Boyette Road	12505 Boyette Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview, FL	City & State: Riverview, FL
Zip: 33569 Country: USA	Zip: 33569 Country: USA

4. FEI Number: 59-3272370 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Anthony Victor Pham

Street Address (P.O. Box Number is Not Acceptable): 12505 Boyette Road

City: Riverview FL Zip Code: 33569

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: _____ Anthony Victor Pham 4/30/02

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P/D
NAME	Dr. Hiep Pham
STREET ADDRESS	2009 Echo Forest Dr., 103
CITY-ST-ZIP	Charlotte, NC 28270
TITLE	V/S
NAME	Anthony Victor Pham
STREET ADDRESS	12505 Boyette Road
CITY-ST-ZIP	~~Riverview, FL 33569~~
TITLE	T
NAME	Doan Van Pham
STREET ADDRESS	12505 Boyette Road
CITY-ST-ZIP	Riverview, FL 33569
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Dr. Hiep Pham 4/30/02

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