# FILED
# Feb 21, 2002 8:00 am
# Secretary of State

02-21-2002 90328 009 ***150.00

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045042

1. Entity Name

ANSPRIN INCORPORATED

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4891 NW 103 AVENUE | 4891 NW 103 AVENUE |
| Suite, Apt. #, etc.: 11F | Suite, Apt. #, etc.: 11F |
| City & State: SUNRISE FL | City & State: SUNRISE FL |
| Zip: 33351 Country: BROWARD | Zip: 33351 Country: BROWARD |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0492937 ☐ 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: PARKER, CLAYTON

Street Address (P.O. Box Number is Not Acceptable): C/O KIRKPATRICK & LOCKHART

201 S BISCAYNE BLVD., 20 FLOOR

City: MIAMI FL Zip Code: 33131

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 _____
Signature, typed 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 T |
| NAME | ANSMANN, HORST HEINZ |
| STREET ADDRESS | 1960 LAKE SHORE DRIVE |
| CITY-ST-ZIP | WESTON FL 33326-2351 |
| TITLE | V |
| NAME | ANSMANN, CLAIRE F |
| STREET ADDRESS | 1960 LAKE SHORE DRIVE |
| CITY-ST-ZIP | WESTON FL 33326-2351 |
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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: [signature] HORST ANSMANN Feb. 9-02 (954)748-7276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #