

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90103 032 ***150.00

DOCUMENT # **P 93000045042**

1. Entity Name

ANSPRIN INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 N. HIATUS Rd.

3. Mailing Address

4500 N. HIATUS Rd.

*Suite, Apt. #, etc.

STE 202

Suite, Apt. #, etc.

STE. 202

City & State

SUNRISE, Florida

City & State

SUNRISE, Florida

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

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

ANSMANN HORST HEINZ

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

4500 N. HIATUS Rd.

SUITE 202

City

SUNRISE

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 31, 03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **ANSMANN HORST HEINZ**
STREET ADDRESS **1960 LAKESHORE DR.**
CITY-ST-ZIP **WESTON, FL, 33326-2351**

TITLE **VICE-PRESIDENT**
NAME **PRINCE-ANSMANN CLAIRE**
STREET ADDRESS **1960 LAKESHORE DR.**
CITY-ST-ZIP **WESTON, FL, 33326-2351**

TITLE
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IN THIS SPACE**

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

SIGNATURE:

HORST H. ANSMANN **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03

CR2E034B (12/02)