

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90190 014 ***150.00

DOCUMENT # P93000078851

1. Entity Name
ANAN OF LEE COUNTY, INC.



Principal Place of Business
1318 LAFAYETTE STREET
CAPE CORAL FL 33904

Mailing Address
1318 LAFAYETTE STREET
CAPE CORAL FL 33904

90010337



2. Principal Place of Business
714 S.W. 49 Lane
Suite, Apt. #, etc.

3. Mailing Address
1317 S.E. 46 Lane
Suite, Apt. #, etc.
207

☐ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral, Florida

City & State
Cape Coral, Florida

4. FEI Number **65-0439791**

Applied For
Not Applicable

Zip **33914** **Country** **Lee**

Zip **33904** **Country** **Lec**

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

6. Name and Address of Current Registered Agent

HILL, THOMAS W
1318 LAFAYETTE STREET
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **Lydia Thiersmann**
Street Address (P.O. Box Number is Not Acceptable) **1317 S.E. 46 Lane**
207
City **Cape Coral** **FL** **Zip Code** **33904**

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

Lydia Thiersmann

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, ANDREA 9003 HAMPTON LANDING DRIVE EAST JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGYAL, ANTON DR. 1318 LAFAYETTE STREET CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10623 ROUNDWOOD GLEN CT JACKSONVILLE, FL 32256	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Anton Angyal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H16-03

239-549-4262
Daytime Phone #

CR2E034 (10/02)