

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088290

1. Entity Name

ANTHONY'S SNACKS AND VENDING, INC.

Principal Place of Business

8235 LEO KIDD AVE.  
PORT RICHEY FL 34668  
US

Mailing Address

8235 LEO KIDD AVE  
PORT RICHEY FL 34668  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3218165

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DONNARUMA, ANTHONY  
8235 LEO KIDD AVE.  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 D  
NAME DONNARUMA, ROSE  
STREET ADDRESS 2224 HARRISON DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE ST  
NAME BULL, BARBARA  
STREET ADDRESS 4612 CYPRESS POND COURT  
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE P  
NAME DONNARUMA, ANTHONY  
STREET ADDRESS 2224 HARRISON DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE V  
NAME DONNARUMA, LOUIS  
STREET ADDRESS 9201 LEDGESTONE LANE  
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE V  
NAME DONNARUMA, STEVEN  
STREET ADDRESS 10908 MANCHESTER ROAD  
CITY-ST-ZIP PORT RICHEY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90307 008 \*\*\*150.00

640343



DO NOT WRITE IN THIS SPACE

0424073

CR2E034 (10/00)