

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90152 035 ***150.00

0633324 AV

DOCUMENT # P93000088851

1. Entity Name

ANTHONY AUCTIONEERS, INC.



Principal Place of Business

**2375 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103
US**

Mailing Address

**2375 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103
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 **65-0458629**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITILIO, PAT N
2375 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VITILIO, PAT N**
STREET ADDRESS **2375 TAMiami TRAIL N., STE. 200**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment Doc# PQ30000 88851
ANTHONY AUCTIONEERS, INC. 90132366
2375 NINTH STREET NORTH, SUITE 200, NAPLES, FL 34103
TEL. (239) 649-7653 FAX (239) 649-7749
AB2013 PAT VITILIO, CAI AU1662

RESIDENTIAL * COMMERCIAL * WATERFRONT * INDUSTRIAL

5/2/03

To Whom It May Concern

Dear Sir, Madam,

I respectfully request a waiver of the late fee for the following reasons.

I just recently got out of the Hospital with a defibulator implant. During my hospital stay, my office manager left for another job. My doctor was Hugh Collins MD at Johns Hopkins

Hospital in Baltimore. I also just recently went through a divorce after 36 years of marriage. Thank you for your concern in this matter.

OWNER REAL ESTATE SALES SPECIALISTS

Sincerely,

P. H. L.