

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90144 007 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000004608

1. Entity Name
ANTHONY MICHAEL CROTHERS, P.A.

Principal Place of Business 1352 SW 160TH AVE SUNRISE FL 33326 US	Mailing Address 591 SW 169TH TER FT LAUDERDALE FL 33323
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2. Principal Place of Business	3. Mailing Address 1352 SW 160 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sunrise FL	City & State Sunrise FL	4. FEI Number 59-3223911	Applied For <input type="checkbox"/> Not Applicable
Zip 33326	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CROTHERS, ANTHONY M
591 SW 169TH TER
FT LAUDERDALE FL 33323

7. Name and Address of New Registered Agent

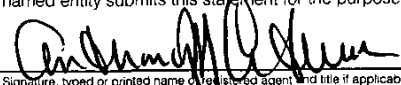
Name
Crothers, Anthony M.

Street Address (P.O. Box Number is Not Acceptable)
1531 Presidio Drive

City
Weston, FL 33326

Zip Code
FL

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  DATE **1/3/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P	<input type="checkbox"/> Delete
NAME CROTHERS, ANTHONY	
STREET ADDRESS 591 SW 169TH TERRACE	
CITY-ST-ZIP FT. LAUDERDALE FL 33326	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Crothers, Anthony	
STREET ADDRESS 1535 Presidio Dr.	
CITY-ST-ZIP Weston, FL 33326	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: **Anthony M. Crothers**  DATE **1/3/2001** DAYTIME PHONE # **954 3840245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)