04/23/2002 08:26 4078567786 KEN IBOLD

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90063 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043519

1. Entity Name
AANTSME PARTNER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4401 Vineland Rd	4401 Vineland Rd
Suite, Apt. #, etc. A 16/17	Suite, Apt. #, etc. A 16/17
City & State Orlando FL	City & State Orlando FL
Zip 32811 Country USA	Zip 32811 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3262145 — ☐ 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: Marshall, Byrd F. Jr.

Street Address (P.O. Box Number is Not Acceptable): Gray, Harris & Robinson, PA
301 E. Pine Street, Suite 1400

City: Orlando FL Zip Code: 32801

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Wilson, Charles H.
STREET ADDRESS	4401 Vineland Rd, A 16/17
CITY-ST-ZIP	Orlando FL 32811
TITLE	P
NAME	McIntyre, Thomas
STREET ADDRESS	4401 Vineland Rd A 16/17
CITY-ST-ZIP	Orlando, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Thomas E. McIntyre (407) 893939
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)