04/23/2002 08:26 4078567786 KEN IBOLD

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90063 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043521

1. Entity Name

AANTSME MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number: 59-3259659 ☐ 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, P.A. 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 reinstating.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wilson, Charles N. 4401 Vineland Rd A 16/17 Orlando, FL 32811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P McIntyre, Thomas 4401 Vineland Rd A 16/17 Orlando FL 32811
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Thomas E. McIntyre (407) 849-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #