

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000047348

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: MALCOLM ANTHONY, P.A.

Current Principal Place of Business:

FOUR SAWGRASS VILLAGE., SUITE 230
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

FOUR SAWGRASS VILLAGE
SUITE 230-B
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

FOUR SAWGRASS VILLAGE., SUITE 230
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FOUR SAWGRASS VILLAGE
SUITE 230-B
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3253629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, MALCOLM
FOUR SAWGRASS VILLAGE., SUITE 230
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

ANTHONY, MALCOLM
FOUR SAWGRASS VILLAGE
SUITE 230-B
PONTE VEDRA BEACH, FL 32082 US

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:

Electronic Signature of Registered Agent

01/09/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ANTHONY, MALCOLM
Address: FOUR SAWGRASS VILLAGE., SUITE 230
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ANTHONY, MALCOLM
Address: FOUR SAWGRASS VILLAGE., SUITE 230
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ANTHONY, MALCOLM
Address: FOUR SAWGRASS VILLAGE., SUITE 230-B
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D (X) Change () Addition
Name: ANTHONY, MALCOLM
Address: FOUR SAWGRASS VILLAGE., SUITE 230-B
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM ANTHONY

Electronic Signature of Signing Officer or Director

PVST

01/09/2002

Date