

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050306

1. Entity Name

ANYTHINGS POSSIBLE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90411 036 ***158.75

Principal Place of Business

Mailing Address

P.O BOX 15348
TALLAHASSEE FL 32317-5348
US

P.O BOX 15348
TALLAHASSEE FL 32317-5348
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1318

P.O. Box 1318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Carrabelle, Fl.

City & State

Carrabelle, Fl.

4. FEI Number

59-3262729

Applied For

Not Applicable

Zip

32322

Country

USA

Zip

32322

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINN, LINDA L
1406 STEVENSON DRIVE
TALLAHASSEE FL 3230

Name

Linda L. Finn

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

109 S.E. Avenue B

City

Carrabelle

FL

Zip Code
32322

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS FINN, LINDA L
CITY-ST-ZIP P.O BOX 15348 N/A
TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 1318 N/A
CITY-ST-ZIP Carrabelle, Fl. 32322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Linda L. Finn
Linda L. Finn, President

04-20-00

850-697-3410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)