FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P94000054727 1. Entity Name ANTHONY CONTRACTING CORPORATION 04-17-2001 90171 049 \*\*\*158.75 Principal Place of Business Mailing Address 1624 E SUNRISE BLVD 3711 NE 31ST AVE **LUU4/UU**2 FORT LAUDERDALE FL 33304 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 1624 E SUNRISE BUD 3. Mailing Address **3900 NE** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0511030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTHONY, PHILLIP **3711 NE 31ST AVE** LIGHT HOUSE FL 33064 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete TITLE D. Change TITLE ANTHONY, PHILLIP 3900 NE 30 4 AUG NAME NAME ANTHONY, PHILLIP STREET ADDRESS STREET ADDRESS 5300 N FEDERAL HWY SUITE 106 LIGHTHOUSE POINT . PL. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 Change ☐ Addition TITLE TITLE 🔀 Delete NAME NAME ANTHONY, RAY G STREET ADDRESS STREET ADDRESS 1166 CAMP HOLLOW RD CITY-ST-ZIP CITY-ST-ZIP WEST MIFLIN PA 15122 TITLE ☐ Addition TITLE ☐ Delete Change ANTHONY PHILLIP 3960 NE 304 AVE ULHTHOUSE POINT, NAME ANTHONY, PHILLIP NAME STREET ADDRESS STREET ADDRESS 5300 N. FEDERAL HWY. SUITE 106 CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empeyared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. changed, or on an attachment with

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR