

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035949

1. Entity Name

ANTHONY JOHN COLUMBO, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90032 049 ***150.00

Principal Place of Business

Mailing Address

3275 W HILLSBORO BLVD
101
DEERFIELD BEACH FL 33442
US

3275 W HILLSBORO BLVD
101
DEERFIELD BEACH FL 33442-1563
US

2. Principal Place of Business

3. Mailing Address

ACE FINANCIAL

ACE FINANCIAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1761 W. HILLSBORO BLVD STE 407

1761 W. HILLSBORO BLVD STE 407

City & State

City & State

Deerfield Bch FL.

DEERFIELD Bch., FL.

Zip

Country

Zip

Country

33442

U.S.

33442

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0580477

Applied For

Not Applicable

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

COLUMBO, ANTHONY J
23258 TORRE CIRCLE
BOCA RATON FL 33433

Name

ANTHONY J COLUMBO

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

1761 W. HILLSBORO BLVD STE 407

City

DEERFIELD Bch

FL

Zip Code

33442

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)

3/22/00
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 COLUMBO, ANTHONY J**
STREET ADDRESS **23258 TORRE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00
Date

800 672 7022
Daytime Phone #

CR2E034 (9/99)