

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035949

1. Entity Name
ANTHONY JOHN COLUMBO, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90248 009 ***150.00

Principal Place of Business
ACE FINANCIAL
1761 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442
US

Mailing Address
ACE FINANCIAL
1761 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

2. Principal Place of Business
7100 W. CAMINO REAL
Suite, Apt. #, etc.
STE. 202

3. Mailing Address
7100 W. CAMINO REAL
Suite, Apt. #, etc.
STE. 202

City & State
Boca Raton, FL
Zip 33433 Country 33433

City & State
Boca Raton, FL

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
COLUMBO, ANTHONY J
1761 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name COLUMBO, ANTHONY J.
Street Address (P.O. Box Number is Not Acceptable)
7100 W. CAMINO REAL STE 202
City Boca Raton. FL Zip Code 33433

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)

1/2/02

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, 2002 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLUMBO, ANTHONY J		NAME	
STREET ADDRESS	5970 BUENA VISTA CT		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.

ANTHONY COLUMBO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02 8006727077
Daytime Phone #