

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2000 08:00 AM
Secretary of State

DOCUMENT # P95000039759

1. Entity Name
 ANTHRA FILTER, INC.

Principal Place of Business 877 EXECUTIVE CENTER DR. WEST SUITE 303 ST. PETERSBURG FL 33702	Mailing Address 877 EXECUTIVE CENTER DR. WEST SUITE 303 ST. PETERSBURG FL 33702
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0585170	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASCARA ERNEST L 877 EXECUTIVE CENTER DR. WEST SUITE 303 ST. PETERSBURG FL 33702 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE **03/28/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE	VPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONEY JOAN I			NAME	LONEY JOAN I		
STREET ADDRESS	20 SHARP ROAD, BRANTFORD, ONTARIO			STREET ADDRESS	20 SHARP ROAD		
CITY-ST-ZIP	CANADA N3P5L8			CITY-ST-ZIP	BRANTFORD ON N3T 5L8		
TITLE	DPT	<input type="checkbox"/> Delete		TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONEY J. DAVID L			NAME	LONEY J. DAVID L		
STREET ADDRESS	20 SHARP ROAD, BRANTFORD, ONTARIO			STREET ADDRESS	20 SHARP ROAD		
CITY-ST-ZIP	CANADA N3P5L8			CITY-ST-ZIP	BRANTFORD ON N3T 5L8		
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			

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: J. DAVID L. LONEY REES 03/28/2000