

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 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 475 CENTRAL AVENUE	3. Mailing Address 475 CENTRAL AVENUE
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Suite, Apt. #, etc. SUITE M-8	Suite, Apt. #, etc. SUITE M-8
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City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
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Zip 33701	Country US	Zip 33701	Country US
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4. FEI Number
65-0585170

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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
 MASCARA ERNEST L
 Street Address (P.O. Box Number is Not Acceptable)
 475 CENTRAL AVENUE
 SUITE M-8
 City
 ST. PETERSBURG FL Zip Code
 33701

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 **ERNEST L. MASCARA**

04/04/2001

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LONEY JOAN I <input type="checkbox"/> Delete 20 SHARP ROAD BRANTFORD ON N3T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LONEY J. DAVID L <input type="checkbox"/> Delete 20 SHARP ROAD BRANTFORD ON N3T 5L8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LONEY JOAN I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20 SHARP ROAD BRANTFORD ON N3T 5L8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

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04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)