2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

Principal Place of Business

City & State

STODDARD, SHAWN

670 KINGSLEY AVE ORANGE PARK FL 32073

the obligations of registered agent.

Zip

SIGNATURE

ANTHONY'S CATERING, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00



Country

City

P95000057632

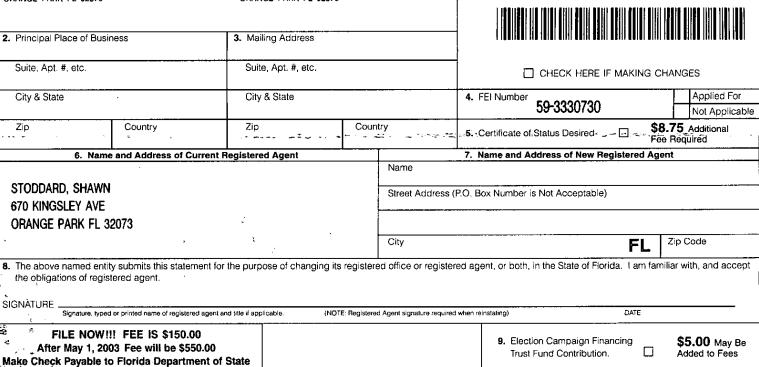
Mailing Address

City & State

670 KINGSLEY AVENUE **670 KINGSLEY AVENUE** ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90504 047 ***150.00



After May 1, 2003 Fee will be \$550.00				Trust Fund Contribution. Added to Fees		
Make Check Payable to Florida Department of State						
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STODDARD, SHAWN 265 FOXRIDE DRIVE ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STODDARD, MARK 8144 FIELDSIDE DRIVE W. JACKSONVILLE FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and professional and additional and analysis of the second	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

12. 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 because 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 true see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attack

SIGNATURE: