

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081659

1. Entity Name
XANTIC, INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90130 020 ***150.00

Principal Place of Business

6100 HOLLYWOOD BLVD
SUITE 410
HOLLYWOOD FL 33024
US

Mailing Address

6100 HOLLYWOOD BLVD
SUITE 410
HOLLYWOOD FL 33024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0615379

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

LEMUR, ANIS B
2340 SW 67 LANE
MIRAMAR FL 33023

Name

BLEMUR, ANIS

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

2340 SW 67 LANE

MIRAMAR, FL 33023

City

MIRAMAR

FL

Zip Code

33023

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)

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 ☐ Delete
NAME BLEMUR, ANIS MR
STREET ADDRESS 2340 SW 67 LANE
CITY-ST-ZIP MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME BOLSTAD, EINAR
STREET ADDRESS 6100 HOLLYWOOD BLVD # 206
CITY-ST-ZIP HOLLYWOOD FL 33024

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

TITLE ☐ Delete
NAME SNIDER, SUSAN MS
STREET ADDRESS 209 SUNRISE HILL
CITY-ST-ZIP NORWALK CT 06851

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

4-29-02
Date Daytime Phone #

CR2E034 (9/01)