

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008251

1. Entity Name

ANJO ASSOC., INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90020 013 ***158.75

Principal Place of Business

Mailing Address

8011 49TH STREET NORTH
PINELLAS PARK FL 34665

P O BOX 645
PINELLAS PARK FL 33780-0645
US

2. Principal Place of Business

10615 BARDES CT.

3. Mailing Address

10615 BARDES CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO FL

City & State
LARGO FL

4. FEI Number 59-3368750

Applied For

Not Applicable

Zip 33777

Country ~~FLORIDA~~

Zip 33777

Country

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

DIFABIO, JOSEPH W
8011 49TH STREET NORTH
PINELLAS PARK FL 34665

Name JOSEPH W. DIFABIO
Street Address (P.O. Box Number is Not Acceptable)
10615 BARDES COURT
City LARGO FL 33777

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 _____
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) ☐

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. ☐ \$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
NAME	DIFABIO, JOSEPH W	
STREET ADDRESS	8011 49TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH W. DIFABIO	
STREET ADDRESS	10615 BARDES CT.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JOSEPH W. DIFABIO *Joseph W. Difabio* 3/29/00 545-4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)