

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

PA 0000076786

1. Entity Name

Anneay Designs Inc.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90052 024 ***150.00

Principal Place of Business

Mailing Address

322 Choo Choo Lane
Valrico FL 33594P.O. Box 167
Valrico FL 33595-0167

741900

2. Principal Place of Business

322 Choo Choo Lane

3. Mailing Address

P.O. Box 167

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Valrico FL

City & State

City & State

Valrico FL 33595-0167

4. FEI Number

05-0832684

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredZip
33594-

Country

Hillsborough

Zip

33595-0167

Country

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Claire J Theroux
P.O. Box 167
Valrico FL 33595-0167

Name

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

City

FL

Zip Code

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

4-29-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Claire J Theroux
P.O. Box 167 Valrico FL 33595 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / VP
Jeanne Theroux
322 Choo Choo Lane Valrico FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 813-654-3507

CR2E034 (9/99)