

2002 UNIFORM BUSINESS REPORT (UBR)

0128017 AT

DOCUMENT # P96000103764

1. Entity Name

ANTHONY METAL CARE SERVICES INC.

FILED

02 NOV -6 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008819022

11/06/02--01033--001 **250.00



REINSTATEMENT *or*

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7711 JORDAN HEIGHTS DR
LAKELAND FL 33810
US

Mailing Address

7711 JORDAN HEIGHTS DR
LAKELAND FL 33810
US

2. Principal Place of Business

1330 Alyce St.
Suite, Apt. #, etc.
Lakeland, FL 33801
City & State

3. Mailing Address

1330 Alyce St.
Suite, Apt. #, etc.
Lakeland, FL 33801
City & State

4. FEI Number

59-3419110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNSFORD, ANTHONY P
264 LEEON ROAD
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name Lunsford, Anthony P
Street Address (P.O. Box Number is Not Acceptable)
1330 Alyce St.
Lakeland, FL 33801
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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PTD	<input type="checkbox"/> Delete
NAME	LUNSFORD, ANTHONY P	
STREET ADDRESS	7711 JORDAN HEIGHTS DR	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUNSFORD, CATHERINE M	
STREET ADDRESS	7711 JORDAN HEIGHTS DR	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOWALSKI, JOHN M	
STREET ADDRESS	653 MONUMENT RD APT 1509	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNSFORD, JAMES N	
STREET ADDRESS	944 DEARBORN CIR	
CITY-ST-ZIP	CAROL STREAM IL 60188	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lunsford, Anthony P	
STREET ADDRESS	1330 Alyce St.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kowalski, John M	
STREET ADDRESS	1061 King Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/02

Date

863-682-1026

Daytime Phone #

CR2E034 (4/02)