FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90036 014 ***150.00

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DOCUMENT # P97000009765

1. Entity Name
A&N OF MARCO, INC

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2. Principal Place of Business	3. Mailing Address
365 5TH AVE SOUTH	365 5TH AVE SOUTH
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34102 Country USA	Zip 34102 Country USA

4. FEI Number 59-3435862 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CHEFFY, LOUIS W,
Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVENUE SOUTH
SUITE 201
City NAPLES FL Zip Code 34102

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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PDS ANTAKAMIAN, JACK J 365 FIFTH AVE SO. ; SUITE 201 NAPLES, FL 34102
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: JACK ANTAKAMIAN 4/26/02 239-434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #