2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000010255** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** ANTARES GROUP, INC. 01-19-2000 90188 021 ***150.00 Principal Place of Business Mailing Address 4195 S. TAMIAMI TRAIL 4195 S. TAMIAMI TRAIL #175 VENICE FL 34293-5112 VENICE FL 34293 PMBilin#Address <u>4195 S. Tamiami Trail</u> 95 S Tamiami Trail Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEL Number City & State 65-0720634 Not Applicable Venice. Γ L <u>Venice.</u> \$8.75 Additional Country Country 5 Certificate of Status Desired П 34293-5112 USA 34293-5112 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Barber, <u>Cvnthia C.</u> CONWAY, CYNTHIA A Street Address (P.O. Box Number is Not Acceptable) 4195 S. TAMIAMI TRAIL #175 <u>PMB #175. 4195 S. Tamiami</u> VENICE FL 34293 Zip Code 4293-5112 Venice 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ★ Addition Delete TITLE Change TITLE CONWAY, CYNTHIA A. NAME Barber, Cynthia C. 4195 S. TAMIAMI TRAIL #175 STREET ADDRESS STREET ADDRESS PMB #175, 4195 S. Tamiami Trail VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP Venice, FL 34293-5112 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ⊡ 'Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

941-493-9614