

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 020 ***150.00

DOCUMENT # P97000010255

1. Entity Name

ANTARES GROUP, INC.

Principal Place of Business

**4195 S. TAMiami TRAIL
 #175
 VENICE FL 34293**

Mailing Address

**4195 S. TAMiami TRAIL
 #175
 VENICE FL 34293**

2. Principal Place of Business

**4284 Sunburst Ave.
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 8065
 Suite, Apt. #, etc.**

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

65-0720634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

34286

Country

USA

Zip

34287

Country

USA

6. Name and Address of Current Registered Agent

**BARBER, CYNTHIA C
 PMB #175 4195 S. TAMiami TRAIL
 VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

Barber, Cynthia C.

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

4284 Sunburst Ave.

City

North Port

FL

Zip Code
34286

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

Cynthia C. Barber

(NOTE: Registered Agent signature required when reinstating)

02.01.02

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 \$150.00
 After May 1, 2002 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

☐ Delete

**P
 CONWAY, CYNTHIA A.
 PMB #175, 4195 S. TAMiami TRAIL
 VENICE FL 34293**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

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**TITLE
 NAME
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 CITY-ST-ZIP**

☐ Delete

**TITLE
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 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

**P
 Barber, Cynthia Conway
 4284 Sunburst Ave.
 North Port, FL 34287**

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
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☐ Change ☐ Addition

**TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia C. Barber

02.01.02

941-429-8694

Date

Daytime Phone #

CR2E034 (9/01)