

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000034629**

1. Entity Name

THE ANNUITY SHOPPE, INC.,**FILED**
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90107 036 ***150.00

Principal Place of Business

**2536 COUNTRYSIDE BOULEVARD
SIXTH FLOOR
CLEARWATER FL 33763**

Mailing Address

**2536 COUNTRYSIDE BOULEVARD
SIXTH FLOOR
CLEARWATER FL 33763-1639**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3448395

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORNTON, R. MAURY
2536 COUNTRYSIDE BOULEVARD
SIXTH FLOOR
CLEARWATER FL 33763**

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

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
**PDST
DOUDNA, HEATHER
2536 COUNTRYSIDE BOULEVARD
CLEARWATER FL 33763** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDST
MAURY THORNTON
2536 COUNTRYSIDE BLVD., 6th FL
CLEARWATER, FL 33763** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
LAPIERRE, NEAL
2536 COUNTRYSIDE BLVD-4TH FLOOR
CLEARWATER FL 33763** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NORTH, TIMOTH O
2536 COUNTRYSIDE BLVD-6TH FLOOR
CLEARWATER FL 33763** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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 filers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maury Thornton**3/23/00**

Date

727-726-0726

Daytime Phone #

CR2E034 (9/99)