

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90127 009 ***150.00

0415885 AV

DOCUMENT # P97000071179

1. Entity Name
ANSCA HOMES OF FLORIDA, INC.



Principal Place of Business
**3333 S CONGRESS AVE
SUITE 403B
DELRAY BEACH FL 33445**

Mailing Address
**3333 S CONGRESS AVE
SUITE 403B
DELRAY BEACH FL 33445**



2. Principal Place of Business

3. Mailing Address

3333 S. Congress Ave

3333 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 401

SUITE 401

City & State

City & State

DeLray Beach

DeLray Beach

Zip

Country

Zip

Country

33445

US

FL 33445

33445-US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0812774

Applied For

Not Applicable

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

**MITCHELL A. SHERMAN, P.A.
3333 S CONGRESS AVE
SUITE 403B
DELRAY BEACH FL 33445**

Name
MITCHELL A. SHERMAN PA
Street Address (P.O. Box Number is Not Acceptable)
1301 N CONGRESS AVE SUITE 210
City
BOYNTON BEACH FL Zip Code
33426

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SCARDINA, ANGELO
3333 S CONGRESS AVE SUITE 403B
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3333 S. Congress Ave Suite 401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 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

SCARDINA

561-243-3900

Date

Daytime Phone #

CR2E034 (10/02)