

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90037 039 \*\*\*150.00

**DOCUMENT # P98000027522**

1. Entity Name  
**ANELLA & COMPANY, INC.**

Principal Place of Business <b>2000 GLADES RD                  #110                  BOCA RATON FL 33431</b>	Mailing Address <b>PO BOX 1418                  DELRAY BEACH FL 33447-1418</b>
---	---

**C0046912**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1045 E. ATLANTIC AV. #204                  Suite, Apt. #, etc.                  DELRAY BCH, FL                  City &amp; State..</b>	3. Mailing Address <b>POB 1418                  Suite, Apt. #, etc.                  DELRAY BCH, FL                  City &amp; State</b>
---	--

4. FEI Number <b>65-0837623</b>	Applied For <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	--	--

Zip <b>33483</b>	Country <b>FLA. BCH</b>	Zip <b>33447</b>	Country <b>FLA. BCH</b>
---------------------	----------------------------	---------------------	----------------------------

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

6. Name and Address of Current Registered Agent  
**SCHOLL, HARVEY J  
 2000 GLADES RD, STE 110  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 Name **JAMES Anella**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1045 E ATLANTIC AVE #204**  
 City **DELRAY BCH** FL **33483**

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: **JAMES Anella**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **22 MARCH, 2000**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOLL, HARVEY J</b> <b>2000 GLADES RD, STE 110</b> <b>BOCA RATON FL 33431</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>JAMES Anella</b> <b>1045 E. ATLANTIC AVE #204</b> <b>DELRAY BCH, FL 33483</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **JAMES Anella** **Pres** **22 MAR, 2000** **561 266 9031**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)