

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90122 026 ***150.00

DOCUMENT # P98000034565

1. Entity Name

ANS CORPORATION

Principal Place of Business

**6415 W. COLONIAL DR.
 ORLANDO FL 32818**

Mailing Address

**6415 W. COLONIAL DR.
 ORLANDO FL 32818**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0829196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**AZIZ, SHAMSHA
 4850 CASON COVE DR.
 #101
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Acceptable)

City

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 fee if applicable

(NOTE: Registered Agent's signature required when re-registering)

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, 2001 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	P	☐ Delete
NAME	AZIZ, SHAMSHA	
STREET ADDRESS	4850 CASON COVE DR #101	
CITY- ST- ZIP	ORLANDO FL 32811	
TITLE	VP	☐ Delete
NAME	AZIZ, ABDUL	
STREET ADDRESS	4850 CASON COVE DR #101	
CITY- ST- ZIP	ORLANDO FL 32811	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ABDUL AZIZ 04/19/01 407 2933333

Date

Daytime Phone #

CR2E034 (10/00)