

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038589

1. Entity Name

T.R. ANTON INCORPORATED FLORIDA

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90124 030 \*\*\*150.00

Principal Place of Business  
334 EAST LAKE ROAD #310  
PALM HARBOR FL 34685

Mailing Address  
334 EAST LAKE ROAD #310  
PALM HARBOR FL 34685-2427

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3511210**  
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

SHEAR, ROBERT L  
2790 SUNSET POINT ROAD  
CLEARWATER FL 33759

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPOLE, PAMELA A</b>	NAME	
STREET ADDRESS	<b>334 EAST LAKE ROAD #310</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWES, GEORGE</b>	NAME	
STREET ADDRESS	<b>27068 LAPAZ ROAD #517</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAGUNA NIGUEL CA 92656</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREAGER, DALE</b>	NAME	
STREET ADDRESS	<b>27068 LAPAZ ROAD #517</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAGUNA NIGUEL CA 92656</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANABRIA, EDWARD R</b>	NAME	
STREET ADDRESS	<b>334 EAST LAKE ROAD #310</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)