

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90028 011 ***150.00

DOCUMENT # P980000038589
1. Entity Name
T.R. Anton Incorporated of Florida

Principal Place of Business 24600 S. TAMiami Tr. Suite # 212
Mailing Address SAME
P.M.B # 203
Bonita Springs, Florida 34134
24600 S. TAMiami Trail
Suite # 212, PMB 203
Bonita Springs, FL 34134

C0049840

2. Principal Place of Business
24600 S. TAMiami Trail
Suite, Apt. #, etc.
Suite # 212 - PMB # 203
Bonita Springs, Florida
34134
3. Mailing Address
24600 S. TAMiami Trail
Suite, Apt. #, etc.
Suite # 212 - PMB # 203
Bonita Springs, Florida
34134
City & State
Bonita Springs, Florida
Country
USA

DO NOT WRITE IN THIS SPACE

4/28/98

4. FEI Number
59-3511210
☒ **Applied For**
☐ **Not Applicable**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Shear, Robert L
2790 Sunset Point Road
Clearwater, Florida 33759

7. Name and Address of New Registered Agent
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** _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<u>P Harpole Pamela A.</u> <u>24600 S. TAMiami Trail Suite # 212/203</u> <u>Bonita Springs, Florida 34134</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<u>V Howes, George</u> <u>27068 LAPAZ ROAD #517</u> <u>LAGUNA NIGUEL, CA 92656</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<u>V Creager, Dale</u> <u>27068 LAPAZ ROAD #517</u> <u>LAGUNA NIGUEL, CA 92656</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<u>ST SANABRIA, Edward</u> <u>24600 S. TAMiami Tr. Suite 212/203</u> <u>Bonita Springs, Florida 34134</u>
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	<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
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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: Pamela A. Harpole **4-6-01 1-800-664-8431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (11/00)