


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-03-2003 90192 001 ***150.00

DOCUMENT # P98000038589

1. Entity Name
T.R. ANTON INCORPORATED FLORIDA



Principal Place of Business
24600 S. TAMiami TRL
SUITE #212. P.M.B. #203
BONITA SPRINGS FL 34134

Mailing Address
24600 S. TAMiami TRL
SUITE #212. P.M.B. #203
BONITA SPRINGS FL 34134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR** **ALREADY**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the 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 **P** ☐ Delete
NAME **HARPOLE, PAMELA A**
STREET ADDRESS **24600 S. TAMiami TR. STE., 212 P.M.B. #203**
CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☒

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

TITLE **V** ☐ Delete
NAME **HOWES, GEORGE**
STREET ADDRESS **27068 LAPAZ ROAD #517**
CITY-ST-ZIP **LAGUNA NIGUEL CA 92656** ☒

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

TITLE **V** ☐ Delete
NAME **CREAGER, DALE**
STREET ADDRESS **27068 LAPAZ ROAD #517**
CITY-ST-ZIP **LAGUNA NIGUEL CA 92656** ☒

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

TITLE **ST** ☐ Delete
NAME **SANABRIA, EDWARD R**
STREET ADDRESS **24600S. TAMiami TR STE., 212 P.M.B. #203**
CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☒

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Pamela A. Harpole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

239-209-4261

Date

Daytime Phone

CR2E034 (10/02)