

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -9 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name **ANLTP General Insurance Services INC**

198 000047726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 66TH ST. N. SUITE #14

Suite, Apt. #, etc.

SUITE #14

City & State

Largo Florida

Zip

33773

Country

Pinellas

3. Mailing Address

Same as Mailing

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3513686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TINA M PHAN

Street Address (P.O. Box Number is Not Acceptable)

11820 Denton AVE NORTH

City

Hudson

FL

Zip Code

34667

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 title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
TINA M PHAN
11820 Denton AVE NORTH
Hudson FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400013907374
03/11/03--01011--008 **150.00**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maubma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03 (727) 544-1380
Date Daytime Phone *

CR2E034B (12/02)