

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90112 038 ***150.00

DOCUMENT # P98000068428

1. Entity Name
ANITA, INC.



Principal Place of Business
**4486 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429**

Mailing Address
**2715 CROSS RD PARKWAY
FORT PIERCE FL 34945**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3562328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATEL, KAMLESH
3921 N SEMINOLE POINT
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name **ANIL DESAI**
Street Address (P.O. Box Number is Not Acceptable)
1170 SW MIRRORLAKE COVE
City **PORT ST. LUCIE** FL Zip Code **34986**

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 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 **DESAI, PARESH**
STREET ADDRESS **507 NW 9TH AVE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **D** ☐ Delete
NAME **DESAI, ANIL**
STREET ADDRESS **4645 NW BOGI CT**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1170 SW MIRRORLAKE COVE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

TITLE **D** ☒ Delete
NAME **PATEL, KAMLESH**
STREET ADDRESS **3921 N SEMINOLE POINT**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

TITLE **ST** ☐ Delete
NAME **PATEL, MAYUR**
STREET ADDRESS **1020 S.E. 3RD AVE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

TITLE **D** ☐ Delete
NAME **DESAI, ANJANA**
STREET ADDRESS **4645 NW BOGI COURT**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1170 SW MIRRORLAKE COVE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

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:

SIGNATURE REQUIRED

2-13-03

772-595-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)