## \_ UNIFORM BUSINESS REPORT (UBR)

## JCUMENT # P98000098532

Principal Place of Business		Mailing Address			
200 W. RETTA ESP PUNTA GORDA FL :		1200 W. RETTA ESPLANADE PUNTA GORDA FL 33950-5325			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6	l . Name and Address of Ci	urrent Registered Agent			
			Name		
ANZALO	Street Addre				

**FILED** Feb 21, 2000 8:00 am Secretary of State

02-21-2000 90023 014 \*\*\*150.00

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incipal Place o	of Business	3. Mailing Address						
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ty & State		Suite, Apt. #, etc.  City & State		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE			
				4. FEI Number 65-0880328	Applied For Not Applicable			
р	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6,	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ANZALONE, CHARLES T 1200 W. RETTA ESPLANADE PUNTA GORDA FL 33950		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
			City		FL Zip Code			
e above name	ed entity submits this statement for t	ne purpose of changing its	s registered office or	registered agent, or both, in the State of Florida.				
IATURE					ATE			
Signati	ure, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered Agent signatur	re required when reinstating)				
,	n is eligible to satisfy its Intangible ement and elects to do so. back)	After MAY 1, 2	VIII FEE IS \$150.0 000 Fee will be \$5 ble to Department	50.00 Trust Fund Contribution.	\$5.00 May Be Added to Fees			
	OFFICERS AND D	RECTORS	12	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11			

11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRE		13 AND DIRECTORS	)    N
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ANZALON, CHARLES T		NAME			
STREET ADDRESS	1200 W. RETTA ESPLANADE		STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			ļ
STREET ADDRESS			STREET ADDRESS			
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STREET ADDRESS	<b>.</b> .		STREET AĎDRESŞ			
CITY CT 7ID	l - ·	- · · · · · ·	CITY_ST_7IP	• • • •		

13. I hereby certify that the information supplied with this filling 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:

Anzalone