

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90070 037 \*\*\*150.00

**DOCUMENT # P98000107699**

1. Entity Name

**ANOPIKA CORPORATION**

Principal Place of Business

~~1335 W. BRANDON BLVD.~~  
~~BRANDON FL 33511~~

Mailing Address

~~1335 W. BRANDON BLVD.~~  
~~BRANDON FL 33511~~

2. Principal Place of Business

**P.O. BOX 2615**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 2615**

Suite, Apt. #, etc.

City & State  
**BRANDON, FL**

Zip  
**33509-2615**

Country

City & State  
**BRANDON, FL**

Zip  
**33509-2615**

Country

4. FEI Number **59-3552103**

Applied For  
 Not Applicable

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

**DENSON, BRUCE H**  
**ONE BEACH DR. SE, S-205**  
**ST. PETERSBURG FL 33701**

Name

**DANNY JOY**

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

**7019 CENTRAL AVENUE**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33710**

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

*Dan Douglas*  
 Signature, typed or printed name of registered agent and file if applicable.

**DAN DOUGLAS**  
**DIRECTOR**

(NOTE: Registered Agent signature required when reinstating)

**4/29/01**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
 NAME **JOY, ELIZABETH L**  
 STREET ADDRESS **716 19TH AVE. NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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

TITLE **TD** ☐ Delete  
 NAME **DOUGLAS, DAN**  
 STREET ADDRESS **2076 ASHBURY DR.**  
 CITY-ST-ZIP **CLEARWATER FL 34624**

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

TITLE **D** ☐ Delete  
 NAME **JOY, DANNY**  
 STREET ADDRESS **716 19TH AVE. NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **7019 CENTRAL AVENUE**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Dan Douglas*  
**DAN DOUGLAS**  
**DIRECTOR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/29/01**

Daytime Phone #

**(727) 455-2005**

CR2E034 (10/00)