

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90160 046 ***150.00

DOCUMENT # P99000042596

1. Entity Name
ANTHONY VICTOR COLUMBARO ENTERPRISES, INC.

Principal Place of Business 1401 SHADOW BAY LANE BRANDON FL 33510	Mailing Address 1401 SHADOW BAY LANE BRANDON FL 33510-2322
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number **59-3586525** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHURDEN, WALTER B
2310 WEST BAY DRIVE
LARGO FL 33770

7. Name and Address of New Registered Agent

Name **SHURDEN, WALTER B.**
 Street Address (P.O. Box Number is Not Acceptable) **611 DROID RD. EAST, SUITE 512**
 City **CLEARWATER** FL Zip Code **33756**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, MARK	
STREET ADDRESS	1401 SHADOW BAY LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, PAULA V	
STREET ADDRESS	1401 SHADOW BAY LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN DOUGLAS BRYANT	
STREET ADDRESS	7569 GREENWOOD RD.	
CITY-ST-ZIP	CROSS PLAINS, TN 37049	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY BRYANT	
STREET ADDRESS	7569 GREENWOOD RD.	
CITY-ST-ZIP	CROSS PLAINS, TN 37049	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARK DOUGLAS - TREASURER **4/10/00** **65-654-2329**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)