

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91320 033 ***150.00

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1. Entity Name
ANTHONY LEASING, INC.



Principal Place of Business
**1616 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

Mailing Address
**1616 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**



2. Principal Place of Business

1616 E. Sunrise Blvd
Suite, Apt. #, etc.

3. Mailing Address

1616 E. Sunrise Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number **52-2185053**

Applied For

Not Applicable

Zip
33304

Country
U.S.A

Zip
33304

Country
USA

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

6. Name and Address of Current Registered Agent

**SMOKER, BARRY
1624 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **RAY G. ANTHONY**
Street Address (P.O. Box Number is Not Acceptable)
1624 E. Sunrise Blvd
City **FT. LAUDERDALE, FL** Zip Code **33304**

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 _____ (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

TITLE **CFO** ☒ Delete
NAME **ANTHONY, ERIC M**
STREET ADDRESS **5 BAYARD ROAD**
CITY-ST-ZIP **PITTSBURGH PA 15213**

TITLE **CEO** ☒ Delete
NAME **SMOKER, BARRY**
STREET ADDRESS **882 BOULDER DR.**
CITY-ST-ZIP **BETHEL PARK PA 15102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Change ☒ Addition
NAME **RAY G. ANTHONY**
STREET ADDRESS **1624 E. Sunrise Blvd**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE ☐ Change ☒ Addition
NAME **NATALIE ANTHONY**
STREET ADDRESS **2 ALLEGHENY CO. AIRPORT RD.**
CITY-ST-ZIP **WEST MIFFLIN, PA 15122**

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

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

TITLE ☐ Change ☐ Addition
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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)