

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072811

1. Entity Name

A'ANJO, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90082 038 ***158.75

Principal Place of Business

Mailing Address

1005 NORTH WHITEHURST RD. #27
PLANT CITY FL 33567

1005 NORTH WHITEHURST RD. #27
PLANT CITY FL 33567-2862

1005 N. Whitehurst Rd LOT #4

2. Principal Place of Business

3. Mailing Address

1005 N Whitehurst Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT # 27

LOT # 4

City & State

City & State

PLANT CITY FL

Zip

Country

Zip

Country

33567

Hillsborough

33567

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTON, JOE

1005 NORTH WHITEHURST RD., #27
PLANT CITY FL 33567

Name

SAAME JOSEPH A BURTON

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

484 POINTSETTIA DR

City

LARFO

FL

Zip Code

33770

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ (See criteria on back)

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, JOE		NAME		
STREET ADDRESS	1005 NORTH WHITEHURST RD., #27		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	SAME	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, CHERYL		NAME		
STREET ADDRESS	1005 NORTH WHITEHURST RD., #4		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	SAME	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, ALICE		NAME		
STREET ADDRESS	1005 NORTH WHITEHURST RD., #48		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	SAME	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, EMMETT		NAME		
STREET ADDRESS	1005 NORTH WHITEHURST RD., #66		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	SAME	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOAN, DANIEL		NAME		
STREET ADDRESS	1005 NORTH WHITEHURST RD., #68		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	SAME	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, BETTY		NAME		
STREET ADDRESS	1005 NORTH WHITEHURST RD., #66		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	SAME	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH A BURTON 04/19/00 727-518-6682

CR2E034 (9/99)