

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083126

1. Entity Name

A.N.T. ENTERPRISES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 004 ***150.00

Principal Place of Business

Mailing Address

12029 PINE COURT
LEESBURG FL 34788

12029 PINE COURT
LEESBURG FL 34788-4517

2. Principal Place of Business

3. Mailing Address

12029 Pine Ct

12029 Pine Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Leesburg, FL

Leesburg, FL

Zip 34788

Country USA

Zip 34788

Country USA

4. FEI Number

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Traci Brosman

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

12029 Pine Ct

City

Leesburg

FL

Zip Code

34788

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

Traci Brosman

Traci Brosman Vice President

4/29/00

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
NAME BROSMAN, ALFRED G III
STREET ADDRESS 12029 PINE COURT
CITY-ST-ZIP LEESBURG FL 34788 ☐ Delete

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

TITLE SVTD
NAME BROSMAN, TRACI L
STREET ADDRESS 12029 PINE COURT
CITY-ST-ZIP LEESBURG FL 34788 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

352-742-3455

Daytime Phone #

CR2E034 (9/99)