

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083126

1. Entity Name
A.N.T. ENTERPRISES, INC.FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90006 027 ***150.00

Principal Place of Business 12029 PINE COURT LEESBURG FL 34788	Mailing Address 12029 PINE COURT LEESBURG FL 34788
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2. Principal Place of Business 12029 Pine Court Suite, Apt. #, etc.	3. Mailing Address 12029 Pine Ct Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Leesburg, FL Zip 34788	Country USA	City & State Leesburg, FL Zip 34788	Country USA
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4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BROSMAN, TRACI 12029 PINE COURT LEESBURG FL 34788	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROSMAN, ALFRED G III 12029 PINE COURT LEESBURG FL 34788	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President, Secretary Tami J. Brosman 12029 Pine Ct. Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD BROSMAN, TRACI L 12029 PINE COURT LEESBURG FL 34788	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President, Treasurer Brosman, Traci L. 12029 Pine Court Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE 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: *Tami Brosman, Traci Brosman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (352) 742-3455
Date Daytime Phone #

CR2E034 (10/00)