

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90090 023 ***150.00

DOCUMENT # P99000089261

1. Entity Name
ANTHONY RECTOR ENTERPRISES, INC.

Principal Place of Business

560 AVE. L SE
WINTER HAVEN FL 33880

Mailing Address

560 AVE. L SE
WINTER HAVEN FL 33880

2. Principal Place of Business

2300 Ave. D SW

Suite, Apt. #, etc.

Winter Haven FL

City & State

33880

Zip

Country

3. Mailing Address

PO Box 937

Suite, Apt. #, etc.

Winter Haven FL

City & State

33882

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3602396

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RECTOR, ANTHONY

560 AVE. L, SE

WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

[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, 2002 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

TITLE **D** ☐ Delete
NAME **RECTOR, ANTHONY**
STREET ADDRESS **560 AVE. L, SE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ Delete
NAME **RECTOR, CATHERINE**
STREET ADDRESS **560 AVE. L, SE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Rector Anthony** ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 937**
CITY-ST-ZIP **Winter Haven, FL 33882**

TITLE **Rector Catherine** ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 937**
CITY-ST-ZIP **Winter Haven, FL 33882**

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

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

[Signature]

Date

863-299-5509

Daytime Phone #

CR2E034 (9/01)