## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P99000090188

**DOCUMENT #** 1. Entity Name

ANACONDA GARDENS, INC.



FILED
May 01, 2003 8:00 am Secretary of State
Secretary of State
05-01-2003 90165 011 ***150.00

CITY-ST-ZIP  GULF BREEZE FL 32561  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Change Addition Change Addition	,	,		WE THE	y )		
2. Principal Place of Business   3. Mailing Address    Sufie, Apt. #, etc.   City & State   City & Ci	3749 D GULF BREEZE PKWY		3749 D GULF BREEZE PKWY				
Suite. Apt. #, etc.    City & State	GULF BREEZE FL 32563		GULF BREEZE FL 32563				
City & State  Septimizer Sep 3593457  Applicable Septimizer Septimizer Sep 3593457  Septimizer Septimizer Septimizer Sep 3593457  Septimizer Sep 3593457  Septimizer Sep	2. Principal Place of Business		3. Mailing Address			<u> </u>	
Second   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
S. Cartificate of Status Desired   Fee Required'    1. Name and Address of New Registered Agent    1. Name and Address of New Registered Agent    1. Name and Address of New Registered Agent    1. Name    1. Name and Address of New Registered Agent    1. Name    1. Name and Address of New Registered Agent    1. Name    1. Name and Address of New Registered Agent    1. Name    1. Street Address (P.O. Box Number is Not Acceptable)    1. City   FL   Zip Code    1. Tip Code    1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    2. Election Campaign Financing    3. Election Campaign Financing    4. Addition    4. Addition    4. Addition    5. City S. T. P. ADDITIONS/CHANGES    6. City S. T. P. ADDITIONS/CHANGE	City & State		City & State		4. FEI Number 59-3593457		
LAWSON, THOMAS B III 3 749 GULF BREEZE PKWY, PMB177 GULFBREEZE FL 32563  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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.  BLE ILE NOW!!! FEE IS \$150.00  After May 1; 2003 Fee will be \$550.00  After May 1; 2003 Fee will be \$55	Zip	Country	Zip	Country	. 5. Certificate of Status Desired	\$8.75 Additional Fee Required	
LAWSON, THOMAS B III 3 749 GULF BREEZE PKWY, PMB177 GULFBREEZE FL 32563  City  City  FL  Zip Code  6. 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    City   FL   Zip Code   City   City   City   City   City   FL   Zip Code   City	·	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered	Agent	
SIGNATURE    Signature, I produce or principle agent agent and take if applicable.   City   FL   Zip Code				Name	Name		
GULFBREEZE FL 32563  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. I am familiar with, and accept the obligations of registeryed agent.  SIGNATURE    City FL Zip Code			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of recipitored agent.  SIGNATURE    Signature, however, prince or preter name of registered agent and side if applicable. (HOTE: REGISTERED Agent signature required when reinstating)    April   Provided Prince or Prince or International Contribution   Dark	<b>-</b>						
SIGNATURE    Signature, typed or printed rame of registrate days and so fir a aprilicative. (NOTE: Registered Agent signature required when refeatating)   Part				City	FL	Zip Code	
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FILE NOW!! FEE IS \$150.00 After May 1; 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	the obligati	ions of registered agent.	1		Macla	2	
FILE NOW!! FEE IS \$150.00 After May 1; 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE LAWSON, THOMAS B-III 119 JAGUAR CIRCLE GULF BREEZE FL 32561  CITY-ST-ZIP  TITLE LAWSON, CHARLOTTE R 119 JAGUAR CIRCLE GULF BREEZE FL 32561  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME ST	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature requir	red when reinstating) DATE	<del></del>	
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Thereby verify that the information supplied with this filling does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR