

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097825

1. Entity Name

ANR SYSTEMS, INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91152 001 \*\*\*150.00

Principal Place of Business

Mailing Address

~~13601 TWINLAKES LANE~~  
TAMPA FL 33624

~~13601 TWINLAKES LANE~~  
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

9020 Lismore lane

9020 Lismore lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey, FL

City & State

Port Richey, FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-3607217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHELFFO, RONALD E  
13601 TWIN LAKES LN  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Shelffo, Ronald J.

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

9020 Lismore lane

City

Port Richey

FL

Zip Code

34668

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

*RJ Shelffo*

RONALD J. SHELFFO-Vp

29 April 2001

Signature, type 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 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 SHELFFO, RONALD E  
STREET ADDRESS 13601 TWINLAKES LANE  
CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

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

TITLE VD  
NAME SHELFFO, RONALD J  
STREET ADDRESS 13601 TWINLAKES LANE  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE PD  
NAME Shelffo, Ronald J.  
STREET ADDRESS 9020 Lismore lane  
CITY-ST-ZIP Port Richey, FL 34668 ☒ Change ☐ Addition

TITLE SD  
NAME SHELFFO, ANNE T  
STREET ADDRESS 13601 TWINLAKES LANE  
CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

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

TITLE T  
NAME SHELFFO, MICHELLE L  
STREET ADDRESS 13601 TWINLAKES LANE  
CITY-ST-ZIP TAMPA FL 33624 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VD  
NAME SHELFFO, Darlene J.  
STREET ADDRESS 9020 Lismore lane  
CITY-ST-ZIP Port Richey FL 34668 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SD  
NAME Henry, Ashley M  
STREET ADDRESS 9020 Lismore lane  
CITY-ST-ZIP Port Richey FL 34668 ☐ 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:

*RJ Shelffo*

Ronald J. Shelffo

29 April 2001

(727)

919-0173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)