

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-06-2001 90291 019 ***150.00

DOCUMENT # P99000104276

1. Entity Name
ANFA CORPORATION

Principal Place of Business
**422 MCKINLEY AVE
LEHIGH ACRES FL 33936**

Mailing Address
**422 MCKINLEY AVE
LEHIGH ACRES FL 33936**



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 4. FEI Number 65-1042077 | Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MISCHKE, NELLIE
422 MCKINLEY AVE
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name **Siegfried Lorenz**
Street Address (P.O. Box Number is Not Acceptable)
420 Lee Boulevard
City **Lehigh Acres** FL Zip Code **33936**

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 *Siegfried Lorenz* **SIEGRIED LORENZ** 1-22-01
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 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 NAME STREET ADDRESS CITY-ST-ZIP | PTD GRAF, FALKO 422 MCKINLEY AVE LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD GRAF, ANNELESE 422 MCKINLEY AVE LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Falko Graf* **FALKO GRAF PTD.** 1-29-01
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)