

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90076 045 ***150.00

A0039706

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| DOCUMENT # <u>100012</u> | |
| 1. Entity Name <u>ANN THOMAS REAL ESTATE REFERRAL INC</u> | |
| Principal Place of Business <u>5617 MANATEE AVE W.</u> <u>BRADENTON, FL 34209</u> | Mailing Address <u>PLEASE CORRECT ADDRESS</u> |
| 2. Principal Place of Business <u>5617 MANATEE AVE W</u> | 3. Mailing Address <u>BE SAME</u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|---|---------------------------|------------------------------------|--|
| City & State <u>BRADENTON</u> | City & State <u>FL</u> | 4. FEI Number <u>65-0304467</u> | Applied For <input type="checkbox"/> Not Applicable |
| Zip <u>34209</u> | Country <u>U.S.</u> | Zip <u>34209</u> | Country <u>U.S.</u> |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent <u>DERRYL T. EDWARDS</u> | 7. Name and Address of New Registered Agent Name <u>DERRYL T. EDWARDS</u> Street Address (P.O. Box Number is Not Acceptable) <u>5617 MANATEE AVE W</u> City <u>BRADENTON</u> FL Zip Code <u>34209</u> |
|---|---|

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 DERRYL T. EDWARDS 3/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE <u>PRES</u> | <input type="checkbox"/> Delete | TITLE <u>GRACE CAMPBELL</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <u>GRACE CAMPBELL</u> | | NAME <u>GRACE CAMPBELL</u> | |
| STREET ADDRESS <u>BRADENTON FL 342</u> | | STREET ADDRESS <u>BRADENTON FL 342</u> | |
| CITY-ST-ZIP <u>BRADENTON FL 342</u> | | CITY-ST-ZIP <u>BRADENTON FL 342</u> | |
| TITLE <u>V-P</u> | <input type="checkbox"/> Delete | TITLE <u>ALLAN ROSS EDWARDS</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <u>ALLAN ROSS EDWARDS</u> | | NAME <u>ALLAN ROSS EDWARDS</u> | |
| STREET ADDRESS <u>5957 W.</u> | | STREET ADDRESS <u>5957 W.</u> | |
| CITY-ST-ZIP <u>BRADENTON FL 34209</u> | | CITY-ST-ZIP <u>BRADENTON FL 34209</u> | |
| TITLE <u>SECY-TREAS</u> | <input type="checkbox"/> Delete | TITLE <u>COLLA K. EDWARDS</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME <u>COLLA K. EDWARDS</u> | | NAME <u>COLLA K. EDWARDS</u> | |
| STREET ADDRESS <u>5711 MANATEE AVE W</u> | | STREET ADDRESS <u>5711 MANATEE AVE W</u> | |
| CITY-ST-ZIP <u>BRADENTON</u> | | CITY-ST-ZIP <u>BRADENTON</u> | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: DERRYL T. EDWARDS REGISTERED REP 3/26/01 (941) 792-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)