

5/9

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90049 014 \*\*\*\*61.25

DOCUMENT # N00000005870

1. Entity Name

**ANOTHER CHOICE INC.**

Principal Place of Business

Mailing Address

3508 N. POWERLINE RD.  
POMPANO BCH FL 33069

3508 N. POWERLINE RD.  
POMPANO BCH FL 33069

92450

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

01-0699288

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTTS, WILMA J**  
3508 N. POWERLINE RD.  
POMPANO BCH FL 33069

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  
NAME: **BUTTS, WILLIE C**  Delete  
STREET ADDRESS: **620 SW 14TH ST.**  
CITY-ST-ZIP: **DEERFIELD BCH FL 33441**

TITLE:  Change  Addition  
NAME: **BUTTS, WILMA J.**  Change  Addition  
STREET ADDRESS: **620 S.W. 14th ST.**  
CITY-ST-ZIP: **Deerfield Bch FL 33441**

TITLE: **D**  
NAME: **BUTTS, WILLIE C**  Delete  
STREET ADDRESS: **620 SW 14TH ST.**  
CITY-ST-ZIP: **DEERFIELD BCH FL 33441**

TITLE:  Change  Addition  
NAME: **BUTTS, WILMA J.**  Change  Addition  
STREET ADDRESS: **620 S.W. 14th ST.**  
CITY-ST-ZIP: **Deerfield Bch FL 33441**

TITLE: **D**  
NAME: **STANLEY, GWENDOLYN**  Delete  
STREET ADDRESS: **337 NW 6TH ST.**  
CITY-ST-ZIP: **DEERFIELD BCH FL 33441**

TITLE:  Change  Addition  
NAME: **Betty STYLES D.**  Change  Addition  
STREET ADDRESS: **930 N.E. 51st ST.**  
CITY-ST-ZIP: **Pompano Bch, FL 33064**  
(Secretary)

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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NAME:  Change  Addition  
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CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: Willie C. Butts (Willie C. Butts) 4/22/02 954 956-8787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)