

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F36072**

1. Entity Name  
**ANCLOTE MARINE SUPPLY, INC.**

FILED

01 JAN -3 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
950 ROOSEVELT BLVD  
TARPON SPRINGS FL 34689-3110

Mailing Address  
950 ROOSEVELT BLVD  
TARPON SPRINGS FL 34689-3110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2095700**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUSTER, DONNA M.  
1627 E GROVEHILL RD  
PALM HARBOR FL 34683**

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 *[Handwritten Signature]*  
Signature, typed or printed name of registered agent and title if applicable

*[Handwritten Signature]*  
DATE

(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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D**  Delete  
NAME **SCHUSTER, DONNA M.**  
STREET ADDRESS **1627 E GROVEHILL RD**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **900003532619--9**  
CITY-ST-ZIP **-01/11/01--01041--015**  
**\*\*\*750.00 \*\*\*750.00**  Change  Addition

TITLE **P**  Delete  
NAME **SCHUSTER, WILLIAM A.**  
STREET ADDRESS **3724 SPRING VALLEY DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **SCHUSTER, ROGER T.**  
STREET ADDRESS **3710 ELMWOOD DRIVE**  
CITY-ST-ZIP **HOLIDAY, FL. 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **REINSTATEMENT 00 18**

TITLE **T**  Delete  
NAME **SCHUSTER, SHARON A.**  
STREET ADDRESS **3710 ELMWOOD DRIVE**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE **S**  Delete  
NAME **SCHUSTER, JODI L.**  
STREET ADDRESS **3724 SPRING VALLEY DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/10/00** Daytime Phone # **727-934-0794**

CR2E02-1 (F/00)