

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90141 042 \*\*\*550.00

**DOCUMENT # F36072**

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

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 \_\_\_\_\_  
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 \$550.00  
 After September 12, 2001 Fee 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>SCHUSTER, DONNA M.</b>	<b>1627 E GROVEHILL RD PALM HARBOR FL</b>				
	<b>P</b>	<b>SCHUSTER, WILLIAM A.</b>	<b>3724 SPRING VALLEY DR NEW PORT RICHEY FL</b>				
	<b>VP</b>	<b>SCHUSTER, ROGER T.</b>	<b>3710 ELMWOOD DRIVE HOLIDAY, FL 00000</b>				
	<b>T</b>	<b>SCHUSTER, SHARON A.</b>	<b>3710 ELMWOOD DRIVE HOLIDAY FL</b>				
	<b>S</b>	<b>SCHUSTER, JODI L.</b>	<b>3724 SPRING VALLEY DR NEW PORT RICHEY FL</b>				

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: *Sharon A. Schuster* **REQUIRED**

9/10/01

727-422-6551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)