

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90087 025 \*\*\*150.00

**DOCUMENT # H40109**

1. Entity Name  
**ANCHOR AUTOMOTIVE EQUIPMENT, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>2472 NW 95TH WAY<br>CORAL SPRINGS FL 33065<br>US | Mailing Address<br>P. O. BOX 25445<br>TAMARAC FL 33320-5445<br>US |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |                |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-2493414</b>  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |
| Zip                            | Country | Zip                 | Country |   |                |

|  |  |  |  |       |          |
|--|--|--|--|-------|----------|
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent        |       |          |
| <b>BERTONE, ROBERT J</b><br><del>2472 NW 95TH WAY</del><br><b>CORAL SPRINGS FL 33065</b> |  |  | Name   |       |          |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |       |          |
|  |  |  | <b>9587 N.W. 28th Street</b>                       |       |          |
|  |  |  | City   | State | Zip Code |
|  |  |  | <b>Coral Springs FL 33065</b>                      |       |          |

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: *Robert Bertone* (NOTE: Registered Agent signature required when reinstating) DATE: 3-6-00

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, 2000 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                      | PD                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BERTONE, ROBERT J      |                                 | NAME  |  |   |
| STREET ADDRESS             | 9587 NW 28 ST          |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | CORAL SPRINGS FL 33065 |                                 | 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   |  |   |
| 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: *Robert Bertone* SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3-6-00 DAYTIME PHONE #: 954-721-8724

CR2E034 (9/99)