2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90002 010 ***158.75

DOCUMENT # K20907

1. Entity Name
U.S. ANCHOR CORPORATION

DO NOT WRITE IN THIS SPACE

54018990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 East Copans Road	SAME
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Pompano Beach FL	City & State
Zip: 33064 Country: US	Zip Country

4. FEI Number: 65-0053295 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hart R. McIntyre

Street Address (P.O. Box Number is Not Acceptable)

450 East Copans Road

City: Pompano Beach **FL** Zip Code: 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Hart R. McIntyre 450 E. Copans Rd., Pompano Bch, FL 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Emile, Sabga 450 E. Copans Rd., Pompano Bch, FL 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Aubrey M. Strul 450 E. Copans Rd., Pompano Bch, FL 33064
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Hart McIntyre Pres. 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Hart McINTYRE