

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057672

1. Entity Name
ANCHOR ATLANTIC HOME INSPECTION, INC.

Principal Place of Business
~~97 DRIFTWOOD AVE~~
ORMOND BEACH FL 32176

Mailing Address
~~97 DRIFTWOOD AVE~~ 238 N. Beach St
ORMOND BEACH FL 32176 32176

2. Principal Place of Business
238 N. Beach St
Suite, Apt. #, etc.

3. Mailing Address
238 N. Beach St
Suite, Apt. #, etc.

City & State
Ormond Beach FL
Zip 32174 Country USA

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Ormond Beach FL
Zip 32174 Country USA

4. FEI Number
59-3653472

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BADGER, GENEVIEVE C
97 DRIFTWOOD AVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
238 N. Beach St
City ORMOND BEACH FL Zip Code 32174

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 Genevieve C. Badger
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/01
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 \$650.00~~
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: William A. Badger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01 386-677 3772
Date Daytime Phone #

8
FILED
Sep 19, 2001 8:00 am
Secretary of State

08-29-2001 90011 044 ***150.00



DO NOT WRITE IN THIS SPACE

CH2E034 (5/01)