

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91037 040 ***158.75

11/04/03 11

DOCUMENT # P00000072282

1. Entity Name
ANCHORMINOTT INC.



Principal Place of Business
7030 SW 24 CT
MIRAMAR FL 33023

Mailing Address
7030 SW 24 CT
MIRAMAR FL 33023



2. Principal Place of Business
2221 SHERMAN CIRCLE

3. Mailing Address
P.O. BOX 834986

Suite, Apt. #, etc.
E-204

City & State
MIRAMAR, FL.

City & State
HOLLYWOOD, FL.

Zip
33025

Country
USA

Zip
33083-4986

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MINOTT, ANDREW
7030 SW 24 CT
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name
ANDREW MINOTT

Street Address (P.O. Box Number is Not Acceptable)
4613 BISON ST.

City
BOCA RATON

FL

Zip Code
33428

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 *Andrew Minott* **ANDREW MINOTT**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/4/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete MINOTT, ANDREW 7030 SW 24 CT MIRAMAR FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ESCOFFERY, DELROY 7516 SW 6TH CT N LAUDERDALE FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDREW MINOTT 4613 BISON ST. BOCA RATON, FL. 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew Minott* **ANDREW MINOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/4/03**

Daytime Phone # **(954) 445-0223**

CR2E034 (10/02)