2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000028633 **DOCUMENT #**

1. Entity Name

ANCHOR DIRECT, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90465 011 ***150.00

	いたと
OD WE THE	

Principal Place of Business 450 FAIRWAY DR. SUITE 205 DEERFIELD BEACH FL 33441 US		Mailing Address C/O BREVDA & CO. CPA'S 8200 W. SUNRISE BLVD. D-2 PLANTATION FL 33322						
2. Principal P	lace of Business	3. Mailing Address		: 1881/1881 4/8 18188 4/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/1 88/1/ 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City & State			4. FEI Number 65-0421600		pplied For lot Applicable	
Zip	Country	Žip	Countr	у		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered A	•		
- - -				Name				
BREVDA, PAUL 8200 W. SUNRISE BLVD.				Street Address (F	P.O. Box Number is Not Acceptable)	•		
SUITE D-2								
PLANTATI(ON FL 33322		F	City	FL	Zip Cod	de	
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 _								
	Signature, typed or human name of registered agent a	nd title if applicable. (NC	OTE: Registered A	Agent signature required v	when reinstating) DATE			
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.	\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS	PSTD SCHENKER, LEONARD 550 ALEXANDER PALM ROAD	. 🗀 Delete		ADDRESS		Change	☐ Addition	
CITY-ST-ZIP TITLE	BOCA RATON FL 33432		CITY-S	T-ZIP	- 74			
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	rtify that the information supplied with	, Delete	CITY-ST	ADDRESS ZIP		Change	Addition	

intereby 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:

SIGNATURE AND TYPED OR PRINTED I