

**2000 UNIFORM BUSINESS REPORT (UBR)**

7.

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90016 011 \*\*\*150.00

**DOCUMENT # P99000002349**

1. Entity Name  
**ANCHOR MARINE & BOATLIFT CO.**

Principal Place of Business  
**4323 WEST BAY TO BAY BLVD  
 TAMPA FL 33629**

Mailing Address  
**4323 WEST BAY TO BAY BLVD  
 TAMPA FL 33629**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**59-3555052**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SAXON, BERNICE S ESQ.  
 101 E KENNEDY BLVD, STE 3200  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**ARBI SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEMO, MICHAEL A	
STREET ADDRESS	4323 WEST BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GRES, JAMES L	
STREET ADDRESS	4323 WEST BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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: *Michael A Demo* **NOT REQUIRED** **7-25-00** **813 902 0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2 E034 (5/00)

Attachment  
D# 0990002549  
~~0990002549~~  
309/98

We never received  
1<sup>ST</sup> NOTICE

THANKS M.D.