

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90005 015 \*\*\*158.75

DOCUMENT # 234696

1. Entity Name

ANCHOR INVESTMENT CORPORATION OF FLA.

Principal Place of Business

520 S. FLORIDA AVE.  
LAKELAND FL 33801

Mailing Address

520 S. FLORIDA AVE.  
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0898439

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE M LINDSEY III  
520 S. FLORIDA AVE  
LAKELAND FL 33801

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME CAS  
STREET ADDRESS ALLEN, RALPH C.  
CITY-ST-ZIP 520 S. FLORIDA AVE  
LAKELAND FL ☐ Delete

TITLE  
NAME TVAS  
STREET ADDRESS TUBB, JOHN B  
CITY-ST-ZIP 575 TIFFANY TERR  
LAKELAND FL ☐ Delete

TITLE  
NAME S  
STREET ADDRESS ELLSWORTH, W W, JR.  
CITY-ST-ZIP 10 CASA LOMA WAY  
LAKELAND FL ☐ Delete

TITLE  
NAME VAS  
STREET ADDRESS SKIPPER, EDWARD M.  
CITY-ST-ZIP 2901 OLD HOMELAND RD  
BARTOW FL 33830 ☐ Delete

TITLE  
NAME PD  
STREET ADDRESS GEORGE, LINDSEY M  
CITY-ST-ZIP 510 TIFFANY TERR  
LAKELAND FL ☐ Delete

TITLE  
NAME T  
STREET ADDRESS GUERTIN, LISA C  
CITY-ST-ZIP 5655 BROOK LOOP  
LAKELAND FL 33811 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa C Guertin

Date

Daytime Phone #

3/30/01 863-682-6123

CR2E034 (10/00)