

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90096 006 \*\*\*150.00

0437430 AV

**DOCUMENT # 440960**

1. Entity Name

**ANCHOR CAPITAL CORPORATION**

Principal Place of Business

**2401 BAYSHORE BLVD.  
 UNIT 1210  
 TAMPA FL 33629-7306  
 US**

Mailing Address

**2401 BAYSHORE BLVD.  
 UNIT 1210  
 TAMPA FL 33629-7306  
 US**

2. Principal Place of Business

**2401 BAYSHORE BLVD**

Suite, Apt. #, etc.

**1107**

City & State

**TAMPA, FL.**

Zip

**33629**

Country

**U.S.A**

3. Mailing Address

**2401 BAYSHORE BLVD**

Suite, Apt. #, etc.

**1107**

City & State

**TAMPA, FL.**

Zip

**33629**

Country

**U.S.A**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, CARL W  
 2401 BAYSHORE BLVD (1210)  
 TAMPA FL 33629**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/02**

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, 2002 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

TITLE **PD** ☐ Delete  
 NAME **JOHNSON, CARL W.**  
 STREET ADDRESS **2401 BAYSHORE BLVD #1210**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete  
 NAME **SHOBE, DAVID C., ESQ.**  
 STREET ADDRESS **501 E KENNEDY BLVD.**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☒ Delete  
 NAME **JOHNSON, ALENE HENDRY**  
 STREET ADDRESS **2401 BAYSHORE BLVD., #1210**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **#1107**  
 CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ 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)(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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**813-259-1242**

Daytime Phone #

CR2E034 (9/01)