

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90143 005 ***150.00

DOCUMENT # F02000000679

1. Entity Name
ANCUR, INC.



Principal Place of Business
7260 ALICANTE DR.
SARASOTA FL 34238

Mailing Address
7260 ALICANTE DR.
SARASOTA FL 34238

2. Principal Place of Business

VENICE, FL

Suite, Apt. #, etc.

SUITE 210

City & State

VENICE, FL

Zip

34292

Country

USA

3. Mailing Address

901 VENETIA Bay BLVD SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

VENICE, FL

Zip

34292

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-1914293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, JAMES H
7260 ALICANTE DR. 2090 S. TAMIAH TRL #304
SARASOTA FL 34238 Osprey, FL 34229

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Teresa B Jenkins

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

(NOTE: Registered Agent signature required when reinstating)

3/26/03

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, TERESA B	
STREET ADDRESS	7260 ALICANTE DR. 2090 S. TAMIAH TRL #304	
CITY-ST-ZIP	SARASOTA FL Osprey, FL 34229	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES B	
STREET ADDRESS	7260 ALICANTE DR. 2090 S. TAMIAH TRL #304	
CITY-ST-ZIP	SARASOTA FL Osprey, FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Teresa B Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

Date

Daytime Phone #

941-412-1702

CR2E034 (10/02)