

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F07089

1. Entity Name

ANCHOR ENGINEERING CONSULTANTS, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90038 022 ***158.75

Principal Place of Business

Mailing Address

1520 ROYAL PALM SQUARE BLVD.
SUITE 200
FORT MYERS FL 33919
US

1520 ROYAL PALM SQUARE BLVD.
SUITE 200
FORT MYERS FL 33919-1036
US

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 61-0981067

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

LEWIS, RICHARD G.
1520 ROYAL PALM SQUARE BLVD
SUITE 200
FORT MYERS FL 33919

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP
CD
ELY, GEORGE M.
620 EUCLID AVE.
LEXINGTON KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ELY, GEORGE M.
815 OVERBROOK CIRCLE
LEXINGTON, KY 40502 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PARROTT, GEORGE D.
872 ROBIN ROAD
LEXINGTON KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D (Director Only)
PARROTT, GEORGE D.
872 ROBIN ROAD
LEXINGTON, KY 40502-2916 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FECITT, DAVID G.
129 SW 54TH TERR.
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D (Director Only)
FECITT, DAVID G.
129 SW 54TH TERRACE
CAPE CORAL, FL 33914 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEWIS, RICHARD G.
13590 ADMIRAL COURT
FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Zip - 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BALDWIN, ROBERT L
116 SOUTH HIGHLAND
WINCHESTER KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Zip - 40391

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JONES, EDELS T.
68 SOUTH MAIN ST
WINCHESTER KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Zip - 40391

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.

Richard G. Lewis

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3-14-00

Date

941/936-4003

Daytime Phone #