

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90041 043 ***158.75

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DOCUMENT # F07089

1. Entity Name

ANCHOR ENGINEERING CONSULTANTS, INC.

Principal Place of Business

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

Mailing Address

**1520 ROYAL PALM SQUARE BLVD.
SUITE 200
FORT MYERS FL 33919
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 Applicable5. 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, 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	CD	<input type="checkbox"/> Delete
NAME	ELY, GEORGE M.	
STREET ADDRESS	815 OVERBROOK CIRCLE	
CITY-ST-ZIP	LEXINGTON KY 40502	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARROTT, GEORGE D.	
STREET ADDRESS	872 ROBIN ROAD	
CITY-ST-ZIP	LEXINGTON KY 40502-2916	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FECITT, DAVID G.	
STREET ADDRESS	129 SW 54TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, RICHARD G.	
STREET ADDRESS	13590 ADMIRAL COURT	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5450 Harbour Castle Drive	
CITY-ST-ZIP	Fort Myers, FL 33907	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BALDWIN, ROBERT L	
STREET ADDRESS	116 SOUTH HIGHLAND	
CITY-ST-ZIP	WINCHESTER KY 40391	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, EDELL T.	
STREET ADDRESS	68 SOUTH MAIN ST	
CITY-ST-ZIP	WINCHESTER KY 40391	

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)(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

Richard G. Lewis, President

3/27/01

Date

941/936-4003

Daytime Phone #

CR2E034 (10/00)