

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22893

1. Entity Name

ANCHOR BUSINESS FORMS, INCORPORATED

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90087 003 \*\*\*150.00

Principal Place of Business

4812 SEATON COURT  
TALLAHASSEE FL 32308-2288  
US

Mailing Address

4812 SEATONN COURT  
TALLAHASSEE FL 32308-2288  
US

2. Principal Place of Business

7013 LAKE BASIN ROAD  
Suite, Apt. #, etc.

3. Mailing Address

7013 LAKE BASIN ROAD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number 59-2694321

Applied For

Not Applicable

Zip

Country

32312-6709 LEON

Zip

Country

32312-6709 LEON

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

PARSONS, JANE DYLING  
7013 LAKE BASIN ROAD  
TALLAHASSEE FL 32312

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 PD  
NAME PARSONS, JANE DYLING  
STREET ADDRESS 7013 LAKE BASIN RD  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE ST  
NAME PARSONS, WILLIAM J.  
STREET ADDRESS 7013 LAKE BASIN RD  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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

JANE D. PARSONS

1/12/01 850-894-3676  
Date Daytime Phone #

CR2E034 (10/00)