02-03

FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 17 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/23/03--01032--014 **611.25

DOCUMENT # K05238

1. Entity Name

ANCOMP, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1188 SW 3RD ST.	1188 SW 3RD ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33486 Country:	Zip: 33486 Country:

4. FEI Number: 65-0012331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: TERESA K. HARRINGTON

Street Address (P.O. Box Number is Not Acceptable): 1188 SW 3RD ST.

City: BOCA RATON FL Zip Code: 33486

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 K. Harrington TERESA K. HARRINGTON 1/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	TERESA K. HARRINGTON	NAME	
STREET ADDRESS	1188 SW 3RD STREET	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ARTHUR P. HARRINGTON	NAME	
STREET ADDRESS	951 NE 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur P. Harrington ARTHUR P. HARRINGTON 1/10/03 561-392-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #