2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **K98850** 1. Entity Name ANCHOR MINI MART, INC. 04-10-2001 90017 046 ***150.00 Principal Place of Business Mailing Address 207 CORANADO DRIVE 207 CORANADO DRIVE CLEARWATER BCH. FL 34630-2431 CLEARWATER BCH. FL 34630-2431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3066436 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRACEY, MARLYN Street Address (P.O. Box Number is Not Acceptable) 207 CORANADO DRIVE CLREARWATER BCH. FL 34630 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, inម៉ឺាម៉ីនីtäte of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE NAME NAME TRACEY, MARLYN STREET ADDRESS STREET ADDRESS 207 CORANADO DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BCH. FL 34630-2431 Change Addition TITLE Delete TITI F NAME NAME TRACEY, LORRAINE M. STREET ADDRESS STREET ADDRESS 207 CORANADO DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BCH. Ft 34630 2431 TITLE * Change ☐ Addition ~ □ Delete TITLE NAME NAME TRACEY, CHRIS M. STREET ADDRESS STREET ADDRESS 207 CORANADO DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BCH, FL 34630-2431 ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 1, 1 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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