

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000000652**

1. Entity Name

**ANCHORS AWAY PERMIT SERVICES, LLC****FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90091 019 \*\*\*\*50.00

Principal Place of Business

**2846 GOLDEN POINCIANA PLACE  
SARASOTA FL 34232**

Mailing Address

**2846 GOLDEN POINCIANA PLACE  
SARASOTA FL 34232**

2. Principal Place of Business

**343 ELK INLET DR**

3. Mailing Address

**343 ELK INLET DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**NOKOMIS, FL**

City &amp; State

**NOKOMIS, FL**

4. FEI Number

**65-1069403**

Applied For

Not Applicable

Zip

Country

**34275****USA**

Zip

Country

**34275****USA**5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOHN, FRED****2846 GOLDEN POINCIANA PLACE  
SARASOTA FL 34232**

Name

**MOHN, FRED**

Street Address (P.O. Box Number is Not Acceptable)

**343 ELK INLET DR**

City

**NOKOMIS**

FL

Zip

**34275**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MOHN, FRED</b>	
STREET ADDRESS	<b>2846 GOLDEN POINCIANA PLACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>343 ELK INLET DR</b>	
CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>	

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

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

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

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

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E083 (9/01)

**2/5/02 (941) 483-4223**