

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-01-2002 91552 009 ****50.00
 05-13-2002 90208 011 ****55.00

DOCUMENT # L01000017950

1. Entity Name

ANCHOR-MOSN, LLC

Principal Place of Business

**500 SOUTH FLORIDA AVE., STE. 700
 LAKELAND FL 33801**

Mailing Address

**500 SOUTH FLORIDA AVE., STE. 700
 LAKELAND FL 33801**

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

59-3751140

Applied For

Not Applicable

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

**CLARK, RONALD L ESQ.
 4740 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33807**

Name

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

500 S. FLORIDA AVE.

Suite 800

City

Lakeland

FL

Zip Code

33801

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 **MGR** ☐ Delete
 NAME **Anchor Investment Corp.**
 STREET ADDRESS **500 S. FLORIDA AVE., Suite 700**
 CITY-ST-ZIP **Lakeland FL 33801**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(i), 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

4/30/02

863-644-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)