

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90011 013 *****50.00

DOCUMENT # L02000004843

1. Entity Name

ANCHOR V, L.L.C.



Principal Place of Business
**16240 COMPTON PALMS DRIVE
TAMPA FL 33647**

Mailing Address
**PO BOX 46542
TAMPA FL 33647**

2. Principal Place of Business

3. Mailing Address

412 Apache Lane

P.O. Box 795

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Seffner, FL

City & State
Seffner, FL

Zip Country
33584 USA

Zip Country
33583 USA

4. FEI Number

03-0441606

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **Additional**

\$5.00 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIBER, JACOB I
26650 STATE ROAD 54
LUTZ FL 33559**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAPPUCCILLI, JOSEPH
PO BOX 46542
TAMPA FL 33647** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**412 Apache Lane
Seffner, FL 33584** ☒ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

REQUIRED

3/31/03 813-661-4807

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

Date

Daytime Phone #

CR2E083 (10/02)