

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25322

1. Entity Name

ANSCO & ASSOCIATES, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90036 001 ***150.00

Principal Place of Business

Mailing Address

16-C OAK BRANCH DR
GREENSBORO NC 27407
US

P.O. BOX 18445
GREENSBORO NC 27419-8445
US

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

56-1684859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SUMMERS, GEORGE S | |
| STREET ADDRESS | 16-C OAK BRANCH DR | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ESTES, TIMOTHY R. | |
| STREET ADDRESS | 16-C OAK BRANCH DRIVE | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CASSIDY, MICHEAL S | |
| STREET ADDRESS | 16-C OAK BRANCH DRIVE | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | PLEDGER, THOMAS R. | |
| STREET ADDRESS | 4440 PGA BLVD STE 600 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ADAMS, LOUIS W. | |
| STREET ADDRESS | 4440 PGA BLVD STE. 600 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33410 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Vice President / Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steven Nielsen | |
| STREET ADDRESS | 4440 PGA Blvd, suite 600 | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33410 | |

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

Date

336-852-3433

Daytime Phone #

CR2E034 (9/99)