

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M21727**

1. Entity Name

**ANCO LEADERSHIP SERVICES, INC.****FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90061 003 \*\*\*158.75

Principal Place of Business

11011 SW 170TH TERRACE  
MIAMI FL 33157

Mailing Address

PO BOX 16-4332  
MIAMI FL 33116-4332  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 570341

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
Miami, Florida

Zip

Country

Zip  
33257-0341Country  
USA4. FEI Number **NOT APPLICABLE**

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

JONES, CECELIA A.  
11011 SW 170TH TERRACE  
MIAMI FL 33157

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 \$550.00 + \$150.**  
**After SEPTEMBER 13, 2001 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CULMER, DOROTHY C  
11011 SW 170TH TERRACE  
MIAMI, FL 33157 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JONES, CECELIA A.  
11011 SW 170TH TERRACE  
MIAMI, FL 33157 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
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☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ceceilia A. Jones

April 28, 2001

Daytime Phone #

CR2E034 (5/00)