

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90053 031 ***158.75

DOCUMENT # **M21727**

1. Entity Name

Anco Leadership Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11011 SW 170th Terrace

3. Mailing Address

P.O. Box 570341

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-2588437

Applied For

Not Applicable

Zip

Country

33157-4010

USA

Zip

33257-0341

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cecelia A. Jones

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

11011 SW 170th Terrace

City

Miami

FL

Zip Code

33157

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

Cecelia A. Jones, President

April 30, 2002

Signature, typed or printed name of registered agent, and date 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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**(P)
Cecelia A. Jones
11011 SW 170 Terrace
Miami, FL 33157-4010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**(T)
Dorothy C. Culmer
11011 SW 170 Terrace
Miami, FL 33157-4010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Cecelia A. Jones**

Cecelia A. Jones

April 30, 2002

**305-
251-6166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)