

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M21727

FILED
Apr 29, 2003
Secretary of State

Entity Name: ANCO LEADERSHIP SERVICES, INC.

Current Principal Place of Business:

11011 SW 170TH TERRACE
MIAMI, FL 33157

New Principal Place of Business:

11011 SW 170TH TERRACE
MIAMI, FL 33157 US

Current Mailing Address:

PO BOX 570341
MIAMI, FL 33257 US

New Mailing Address:

FEI Number: 59-2588437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CULMER, DOROTHY C
Address: 11011 SW 170TH TERRACE
City-St-Zip: MIAMI, FL 33157,

Title: P () Delete
Name: JONES, CECELIA A.,
Address: 11011 SW 170TH TERRACE
City-St-Zip: MIAMI, FL 33157,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA A. JONES

P

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date