

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85427

1. Entity Name
ANCHOR SCREENS INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90230 045 ***150.00

Principal Place of Business
1593 SE VILLAGE GREEN DR.
BAY #8
PORT ST. LUCIE FL 34952
US

Mailing Address
1593 SE VILLAGE GREEN DR.
BAY #8
PORT ST. LUCIE FL 34952
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0059323
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACKSON, GENNY V.P.
2501 S.E. JASON AVENUE
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent
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]* DATE 1/12/01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 PSD
NAME JACKSON, JAMES G.
STREET ADDRESS 2501 SE JASON AVE
CITY-ST-ZIP PORT ST. LUCIE FL 34952
TITLE VPTD
NAME JACKSON, GENEVIEVE
STREET ADDRESS 2501 SE JASON AVE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* Genevieve Jackson 1/12/01 561-335-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)