

8/17

FILED

Sep 06, 2001 8:00 am
Secretary of State

08-17-2001 90003 047 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031841

1. Entity Name

ANCHOR SANDBLASTING AND PAINTING, INC.

Principal Place of Business

1322 SUGAR MAPLE LANE
BRANDON FL 33511

Mailing Address

1322 SUGAR MAPLE LANE
BRANDON FL 33511

2. Principal Place of Business

3509 W. IOWA AVE

Suite, Apt. #, etc.

3. Mailing Address

3509 W. IOWA AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3632638

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LATA, ROBERT S

1322 SUGAR MAPLE LANE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Julie A. LATA

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

3509 W. IOWA AVE

City

TAMPA

FL

Zip Code

33611

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

Julie A. Lata

Julie A. Latta

7-30-01

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
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME LATA, ROBERT S
STREET ADDRESS 1322 SUGAR MAPLE LANE
CITY-ST-ZIP BRANDON FL 33511 ☒ DeleteTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD
NAME Julie A. LATA ☐ Change ☒ Addition
STREET ADDRESS 3509 W. IOWA AVE
CITY-ST-ZIP TAMPA FL 33611TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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 REQUIRED Julie A. Latta

7-30-01

(813) 839-5854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)