

2001 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Sep 19, 2001 8:00 am
Secretary of State

08-29-2001 90011 044 ***150.00

DOCUMENT # **P0000057672**
 1. Entity Name
ANCHOR ATLANTIC HOME INSPECTION, INC.

Principal Place of Business Mailing Address
~~97 DRIFTWOOD AVE~~ ~~97 DRIFTWOOD AVE~~ **238 N. Beach St**
ORMOND BEACH FL 32176 **ORMOND BEACH FL 32176** **32176**



2. Principal Place of Business 3. Mailing Address
238 N. Beach St **238 N. Beach St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Ormond Beach FL **Ormond Beach, FL** **59-3653472** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32174 **USA** **32174** **USA**

6. Name and Address of Current Registered Agent
BADGER, GENEVIEVE C
97 DRIFTWOOD AVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
238 N. Beach St
 City **Ormond Beach** FL Zip Code **32174**

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 Genevieve C. Badger DATE 8/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$650.00~~
After September 12, 2001 Fee 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | P William A. Badger |
| STREET ADDRESS | | STREET ADDRESS | 238 N. Beach St |
| CITY-ST-ZIP | | CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | V-P, S, T, Genevieve C. Badger |
| STREET ADDRESS | | STREET ADDRESS | 238 N. Beach St |
| CITY-ST-ZIP | | CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034 (9/01)

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: William A. Badger SIGNATURE REQUIRED 9/17/01 386-677 3772
Signature and typed or printed name of signing officer or director Date Daytime Phone #