## FILED 2001 UNIFORM BUS is report (ubr) May 22, 2001 8:00 am Secretary of State DOCUMENT # P00000092535 1. Entity Name 5-22-2001 90629 001 \*\*\*150.00 ANCHOR CAPITAL HOLDING COMPANY, INC. Principal Place of Business Mailing Address 3241 Spanish River Drive C0069200 Fort Lauderdale, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Patrick O'Neal Street Address (P.O. Box Number is Not Acceptable) 2900 E Oakland Park Blvd. , 3rd Floor Fort Lauderdale, FL 33306 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS-\$150:00 9. This corporation is eligible to satisfy its intangible --10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. W Patrick Regis ☐ Delete ☐ Change Addition TITLE TITLE 305 SW 11th Avenue NAME NAME STREET ADDRESS STREET ADDRESS Fort Lauderdale, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 attacks, with all other like empowered.

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY - ST-ZIP

STREET ADDRESS

CITY~ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

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5-1-0

954-294-2526

Change

☐ Change

Change

☐ Addition

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Addition

Daytime Phone #