

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90240 022 \*\*\*150.00

**DOCUMENT # P01000000063**



1. Entity Name  
**ANCHOR PROMOTIONAL MARKETING, INC.**

Principal Place of Business  
**1910 THOROUGHbred DRIVE  
ORLANDO FL 34734**

Mailing Address  
**1910 THOROUGHbred DRIVE  
ORLANDO FL 34734**



2. Principal Place of Business

**848 N. Donnelly St.**  
Suite, Apt. #, etc.

3. Mailing Address

**248 A.O. Box 958**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Mount Dora, Florida**

City & State  
**Mount Dora, FL**

4. FEI Number **59-3692454**

Applied For  
Not Applicable

Zip  
**32757**

Country  
**USA**

Zip  
**32756**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**CARNEY, GARNEY  
1910 THOROUGHbred DRIVE  
ORLANDO FL 34734**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARNEY, GARY 1910 THOROUGHbred DRIVE ORLANDO FL 34734</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARNEY, KATHLEEN 1910 THOROUGHbred DRIVE ORLANDO FL 34734</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/03 352-383-4166**  
Date Daytime Phone #

CR2E034 (10/02)