

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000039042**

1. Entity Name

**ANCHOR MARINE AGENCIES INC**

Principal Place of Business

**200 MARTIN LUTHER KING BLVD STE 203  
RIVIERA BEACH FL 33404**

Mailing Address

**PO BOX 9728  
WEST PALM BEACH FL 33419**

2. Principal Place of Business

**200 MLK ROAD  
# 203**

3. Mailing Address

**POST BOX 9728**

City & State

**RIVIERA BEACH FL  
33419 USA**

City & State

**WEST PALM FL  
33419 USA**

4. FEI Number

**65-1106053**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NAIR, JAYACHANDRAN  
3402 GARDENS EAST DRIVE  
PALM BEACH GARDENS FL 33410**

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, 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 \$150.00  
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
NAME **BAHL, JACK**  
STREET ADDRESS **200 MARTIN LUTHER KING BLVD STE 203**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

☐ Delete

TITLE **D**  
NAME **WALDROP, MIKE**  
STREET ADDRESS **200 MARTIN LUTHER KING BLVD STE 203**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

☒ Delete

TITLE **TS**  
NAME **NAIR, JAYACHANDRAN**  
STREET ADDRESS **200 MARTIN LUTHER KING BLVD STE 203**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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☐ Addition

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; that I am not a partner, member, or owner of the corporation; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other information.

SIGNATURE: **TS. 5/1/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90677 014 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)