

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90131 008 ***150.00

DOCUMENT # P01000051852

1. Entity Name

ANCHORS AWAY, INC

Principal Place of Business

**POST OFFICE BOX 353397
PALM COAST FL 32135-3397**

Mailing Address

**POST OFFICE BOX 353397
PALM COAST FL 32135-3397**

2. Principal Place of Business

10 WAYWELL PLACE
Suite, Apt. #, etc.

3. Mailing Address

10 WAYWELL PLACE
Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

City & State

PALM COAST, FLORIDA

Zip

32164

Country

USA

Zip

32164

Country

USA

4. FEI Number

59-3725393

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILWARE, ROCHELLE S
10 WAYWELL PLACE
PALM COAST FL 32164**

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

TITLE **D** ☐ Delete
NAME **SILWARE, ROCHELLE S**
STREET ADDRESS **POST OFFICE BOX 350116**
CITY-ST-ZIP **PALM COAST FL 32135-0116**

TITLE **D** ☐ Delete
NAME **SILWARE, RALPH A**
STREET ADDRESS **POST OFFICE BOX 350116**
CITY-ST-ZIP **PALM COAST FL 32135-0116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Rochelle S. Silware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/02

Daytime Phone #

386-446-2600

CR2E034 (9/01)