

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90300 021 ***158.75

DOCUMENT # P01000063904

1. Entity Name
THE ANCHORAGE CAFE, INC.



Principal Place of Business
615 AURORA WAY ST
STUART FL 34996

Mailing Address
615 AURORA WAY ST
STUART FL 34996

11019830



2. Principal Place of Business
615 SW ANCHORAGE
Suite, Apt. #, etc.

WAY STUART
City & State FL

3. Mailing Address
3399 SE Golf
Suite, Apt. #, etc.

TRAIL STUART
City & State FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1115317

☒ Applied For
☐ Not Applicable

Zip 34994 **Country** MARTIN

Zip 34997 **Country** MARTIN

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

6. Name and Address of Current Registered Agent

SCERENSOKA, STEPHAN M
3862 SW COONINA COVE WAY
PALM CITY FL 39990

7. Name and Address of New Registered Agent

Name John F. Clayton
Street Address (P.O. Box Number is Not Acceptable) 3399 SE Golf Trail
City Stuart **FL** **Zip Code** 34997

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 *John F. Clayton* **John F. Clayton** **DATE** 4/25/03
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
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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CLAYTON, JOHN F
STREET ADDRESS 1104 EAST DOLPHIN DRIVE
CITY-ST-ZIP STUART FL 34996

TITLE VS ☒ Delete
NAME SCEWENSKO, STEPHEN M
STREET ADDRESS 3261 SOUTHWEST AMELIA DRIVE
CITY-ST-ZIP PALM CITY FL 34990

TITLE T ☐ Delete
NAME PASTEWSKI, ANDREW A
STREET ADDRESS 131 CONKLIN STREET
CITY-ST-ZIP PATCHOGUE NY 11772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VS ☒ Change ☐ Addition
NAME PASTEWSKI, Andrew A.
STREET ADDRESS 131 CONKLIN STREET
CITY-ST-ZIP PATCHOGUE NY 11772

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

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

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: *John F. Clayton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (112) 287-4111
Day Daytime Phone #

CR2E034 (10/02)