

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91171 041 ***158.75

DOCUMENT # P01000064143

1. Entity Name
ANCHOR SERVICES & CONSTRUCTION, INC.

Principal Place of Business **Mailing Address**
8551 W SUNRISE BLVD STE 208 **8551 W SUNRISE BLVD STE 208**
FT LAUDERDALE FL 33322 **FT LAUDERDALE FL 33322**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**
65-1125268 **Not Applicable**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOMGARDEN, PAUL M
8551 W SUNRISE BLVD STE 208
FT LAUDERDALE FL 33322

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/	☐ Delete
NAME	HEDRICK, RONALD	
STREET ADDRESS	3312 SE 8 STREET	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	
TITLE	V	☐ Delete
NAME	NICOLE JOUBERT	
STREET ADDRESS	270 NE 40 CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	V	☐ Delete
NAME	Gerard Hays	
STREET ADDRESS	401 NE 9th Ave	
CITY-ST-ZIP	Hialeah FL 33010	
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	D/P	☒ Change ☐ Addition
NAME	HEDRICK, RONALD	
STREET ADDRESS	1007 N Fed Hwy Apt 273	
CITY-ST-ZIP	Ft Lauderdale FL 33304	
TITLE	V	☐ Change ☒ Addition
NAME	NICOLE JOUBERT	
STREET ADDRESS	270 NE 40 CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	V	☐ Change ☐ Addition
NAME	Gerard Hays	
STREET ADDRESS	401 NE 9th Ave	
CITY-ST-ZIP	Hialeah FL 33010	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: *Ronald Hedrick* **RONALD HEDRICK** **4/23/02** **(954) 448-9103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0230670 AV

CR2E034 (9/01)