2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000064143 DOCUMENT

1. Entity Name

ANCHOR SERVICES & CONSTRUCTION, INC.

1	

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 92194 030 ***150.00

Principal Place of Business 8551 W SUNRISE BLVD STE 208 FT LAUDERDALE FL 33322 Mailing Address 8551 W SUNRISE BLVD STE FT LAUDERDALE FL 33322 FT LAUDERDALE FL 33322				1 1881 1881 111 BRIDE HAR BOWN A	. 		5/111 1111 1 01 1			
2 Principal P	lace of Business	3. Mailing Address								
1007 1		3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 65-1125268			oplied For ot Applicable		
Zip 33304				5. C	ertificate of Status Desired		8.75 Add e Require			
	6. Name and Address of Current F	legistered Agent	Name	7. N	ame and Address of New F	Registered Ag	ent			
DI GONGADDENI DALII M										
BLOOMGARDEN, PAUL M 8551 W SUNRISE BLVD STE 208			Street A	Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDERDALE FL 33322			<u> </u>							
			City			FL	Zip Cod	e		
	named entity submits this statement for	the purpose of changing i	ts registered office o	r registered age	ent, or both, in the State of Flo	orida. I am fan	niliar with,	and accept		
the obligati	ons of registered agent.									
SIGNATURE										
FI	LE NOW!!! FEE IS \$150.00				9. Election Campaign Fir	annoina		0		
	May 1, 2003 Fee will be \$550.00	04-4			Trust Fund Contribution	~ —		May Be to Fees		
	Payable to Florida Department of				OUTIONIO (OLIMNOSO TO OSS	LOCEDO ANID D	DECTOR	C (N) 44		
10.	PD OFFICERS AND D	Delete	TITLE	11/	DITIONS/CHANGES TO OFF					
NAME	HEDRICK, RONALD	DC//D/C	NAME	SAMUR	1 Sangiorgi w Hillsboro	۔ لیو	Λ. J:	# 101		
STREET ADDRESS	1007 N FED HWY APT 273		STREET ADDRESS	3590	W Hillsboro	piva	74 <i>p 1 ·</i>	704		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY-ST-ZIP	COCONC	it Creek F		073	 /		
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STREET ADDRESS	270 NE 40CT		STREET ADDRESS					ł		
CITY-\$T-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP							
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NAME STREET ADDRESS	KRANZ, GERALD 401 NE 9TH AVE		NAME STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP					1		
TITLE		☐ Delete	TITLE	<u> </u>] Change	☐ Addition		
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CITY-ST-ZIP			CITY-ST-ZIP							
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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: