

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90033 004 ***150.00

DOCUMENT # P01000067087

1. Entity Name
ANCHOR VIDEO PRODUCTIONS INC.

Principal Place of Business
15025 LAUREL COVE CIRCLE
ODESSA FL 33556-3118

Mailing Address
15025 LAUREL COVE CIRCLE
ODESSA FL 33556-3118

2. Principal Place of Business

Anchor Video Productions
 Suite, Apt. #, etc.
320 W. Fletcher Ave #102

3. Mailing Address

320 W. Fletcher Ave
 Suite, Apt. #, etc.
#102

City & State
Tampa, FL.

City & State
Tampa, Florida

Zip
33612 Country
USA

Zip
33612 Country
USA

4. FEI Number
59-373,796

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, GARY W
15025 LAUREL COVE CIRCLE
ODESSA FL 33556-3118

7. Name and Address of New Registered Agent

Name **Gary W. Wilson**
 Street Address (P.O. Box Number is Not Acceptable)
320 W. Fletcher Av
#102
 City **Tampa** **FL** Zip Code **33612**

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 *Gary W. Wilson*
 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 **PTD** ☐ Delete
 NAME **WILSON, GARY W**
 STREET ADDRESS **15025 LAUREL COVE CIRCLE**
 CITY-ST-ZIP **ODESSA FL 33556-3118**

TITLE **VSD** ☐ Delete
 NAME **WILSON, SHERRI V**
 STREET ADDRESS **15025 LAUREL COVE CIRCLE**
 CITY-ST-ZIP **ODESSA FL 33556-3118**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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

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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: *Gary W. Wilson* **Gary W. Wilson** **813-932-3536**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 1/31/02 Daytime Phone #

CR2E034 (9/01)