FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90118 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

11028876

DOCUMENT # P01000088056

1. Entity Name
ANCHOR TITLE GROUP, INC.

Principal Place of Business	Mailing Address
3074 HILLSIDE LANE SAFETY HARBOR, FL 34695	3074 HILLSIDE LANE SAFETY HARBOR, FL 34695

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
41264 US 19 N		41264 US 19 N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TARPON SPRINGS, FL		City & State: TARPON SPRINGS, FL	
Zip: 34689	Country: PINELLAS	Zip: 34689	Country: PINELLAS

4. FEI Number 59-3742284 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PIPES, DOUGLAS
3074 HILLSIDE LANE
SAFETY HARBOR, FL 34695

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D/P	☒ Change ☐ Addition
NAME	PIPES, DOUGLAS		NAME	PIPES, DOUGLAS	
STREET ADDRESS	3074 HILLSIDE LANE		STREET ADDRESS	3074 HILLSIDE LANE	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUSH, LISA		NAME		
STREET ADDRESS	3074 HILLSIDE LANE		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature], PRES. 04-29-03 727-942-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #