

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90037 002 ***150.00

DOCUMENT # P02000125392

1. Entity Name

ANCECO CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 472

3. Mailing Address
P.O. Box 472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Holmdel, New Jersey

City & State
Holmdel, New Jersey

4. FEI Number
16-1641557

Applied For
☐ Not Applicable

Zip
07733

Country
U.S.A.

Zip
07733

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GONZALEZ, MADIAN

Street Address (P.O. Box Number is Not Acceptable)
1738 - 17th Avenue North

Lake Worth, Florida

City Lake Worth **FL** **Zip Code** 33460

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PD
NAME	BLAKE, BARBARA
STREET ADDRESS	P.O. Box 472
CITY-ST-ZIP	Holmdel, N.J. 07733
TITLE	VSD
NAME	BLAKE, ALEXANDER
STREET ADDRESS	P.O. Box 472
CITY-ST-ZIP	Holmdel, N.J. 07733
TITLE	CD
NAME	WYNN, FREDERICK M
STREET ADDRESS	P.O. Box 472
CITY-ST-ZIP	Holmdel, N.J. 07733
TITLE	D
NAME	LACY, WILLIAM J
STREET ADDRESS	P.O. Box 472
CITY-ST-ZIP	Holmdel, N.J. 07733
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexander Blake* Alexander Blake

3/3/04

732-739-3410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)