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Mar 10, 2003 8:00 am
Secretary of State
02-21-2003 90171 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000131219

1. Entity Name
ANCHOR CONSULTANCY CORPORATION

Principal Place of Business	Mailing Address
3342 HILLMONT CIRCLE ORLANDO, FL 32817	3342 HILLMONT CIRCLE ORLANDO, FL 32817

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO BOX 5447 Suite, Apt. #, etc.
City & State	City & State: WINTER PARK, FLORIDA
Zip / Country	Zip: 32793-5447 / Country: U.S.A.

4. FEI Number: 31-1819019 ☐ Applied For ☐ 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
FAUSTMANN, J RAMON L 3342 HILLMONT CIRCLE ORLANDO, FL 32817	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: J. RAMON L. FAUSTMANN 02/18/2003
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

FILING FEE $ 150.00
ANNUAL REPORT FEE $ 0.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GABUCAN, JOSE M 3342 HILLMONT CIRCLE ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DAGANI, VALENTI F JR 2318 INDIAN MOUND TR KISSIMMEE, FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FAUSTMANN, J RAMON L 119 EASTERN FORK LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NERI, NICOLAS E 1607 SEALINER ROAD HOUSTON, TX 77062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUMLIK, TIMOTHY S 4501 VINELAND ROAD ORLANDO, FL 32811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: J. RAMON L. FAUSTMANN 02/18/2003 407-310-6146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #