**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 12, 2002 8:00 am DOCUMENT # P93000006409 **Secretary of State** 1. Entity Name 02-12-2002 90052 013 \*\*\*150.00 THE ANCHOR GROUP, INC. Principal Place of Business Mailing Address 15670 MCGREGOR BLVD. 15670 MCGREGOR BLVD. SUITE 106 SUITE 106 FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0384189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWELL, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 2002 DEL PRADO BLVD. SUITE 105 CAPE CORAL FL 33990 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) DPT X Change ☐ Addition TITLE ☐ Delete TITLE JASINSKI, STANLEY NAME JASINSKI, STANLEY NAME 138 CRESCENT DRIVE CR2E034 STREET ADDRESS STREET ADDRESS 138 CRESCENT DRIVE CiTY-ST-7IP CITY-ST-ZIP FT MYERS FL 33919 TITLE 🔀 Delete TITLE Change ☐ Addition NAME NAME HANSEN, ASGER STREET ADDRESS STREET ADDRESS 12120 SIESTA DR. CITY-ST-7IP CITY-ST-7IP FT MYERS BEACH FL 33931 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME Jasinski. Brian a STREET ADDRESS STREET ADDRESS 17217 MEADOWLAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 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 [T] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.