

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000074811**

1. Entity Name

ANCHOR TITLE COMPANY OF PALM BEACH COUNTY**FILED**
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90018 025 ***150.00

Principal Place of Business

Mailing Address

12769 W. FOREST HILL BLVD
SUITE E
WELLINGTON FL 33414
US12769 W FOREST HILL BLVD
SUITE E
WELLINGTON FL 33414-4759
US

615926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12773 W. Forest Hill Blvd.

12773 W. Forest Hill Blvd.

Suite, Apt. #, etc.
Suite 1201Suite, Apt. #, etc.
Suite 1201City & State
Wellington, FLCity & State
Wellington, FL4. FEI Number **65-0448318**

Applied For

Not Applicable

Zip
33414Country
USAZip
33414Country
USA5. 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

Name

Hilda M. Porro

Street Address (P.O. Box Number is Not Acceptable)

12773 W. Forest Hill Blvd.

Suite 1201

City

Wellington

FL

Zip Code
33414PORRO, HILDA M
12769 W FOREST HILL BLVD
SUITE E
WELLINGTON FL 33414

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PORRO, HILDA M**
CITY-ST-ZIP **12769 W FOREST HILL BLVD, SUITE E**
WELLINGTON FLTITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **Porro, Hilda M.**
CITY-ST-ZIP **12773 W. Forest Hill Blvd., Suite 1201**
Wellington, FL 33414TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00

561
798-1480

CR2E034 (9/99)