

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90077 037 ***150.00

DOCUMENT # P94000002695

1. Entity Name
ANCO-SUPERIOR INCORPORATED



Principal Place of Business
**7513-A NORTH ARMENIA AVE.
TAMPA FL 33604**

Mailing Address
**7513-A NORTH ARMENIA AVE.
TAMPA FL 33604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3219569**

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

**PERNAS, DANIEL K
7513-A NORTH ARMENIA AVE.
TAMPA FL 33604**

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 existing)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PERNAS, DANIEL K 7513-A NORTH ARMENIA AVE. TAMPA FL 33604	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERNAS, CARMEN 7513-A NORTH ARMENIA AVE. TAMPA FL 33604	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTELLANO, SAMMY 12202 WOODDUCK PLACE TAMPA FL 33617	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINA, LOBEL 7505 EGYPT LK. DRIVE TAMPA FL 33614	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Daniel K Pernas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (813) 933-4466
Date Daytime Phone

CFR2034 (10/02)