

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084472

1. Entity Name

ANCHOR BUILDING INSPECTION, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90063 026 \*\*\*150.00

Principal Place of Business

200 W CAMINO REAL  
STE. E  
BOCA RATON FL 33432  
US

Mailing Address

660 N.E. 32ND ST  
BOCA RATON FL 33431-6917  
US

2. Principal Place of Business

200 West Camino Real

3. Mailing Address

660 NE 32 ST

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

USA

Zip

33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0539989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERENS, ROBERT E  
660 N.E. 32ND STREET  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT  
NAME BERENS, ROBERT E  
STREET ADDRESS 660 N.E. 32ND STREET  
CITY-ST-ZIP BOCA RATON FL

TITLE VPS  
NAME BERENS, PHYLLIS E  
STREET ADDRESS 660 N.E. 32ND STREET  
CITY-ST-ZIP BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

Robert E. Berens Robert E. Berens 3/27/00 54-561-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #