

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019337

1. Entity Name

ANCOR INCORPORATED

Principal Place of Business

2001 9TH AVENUE
SUITE 201
VERO BEACH FL 32960

Mailing Address

2001 9TH AVENUE
SUITE 201
VERO BEACH FL 32960

2. Principal Place of Business

2001 9th Ave

Suite, Apt. #, etc.

201

City & State
Vero Beach, Fl.

Zip
32960

Country
USA

3. Mailing Address

2001 9th Ave

Suite, Apt. #, etc.

201

City & State
Vero Beach, Fl.

Zip
32960

Country
USA

6. Name and Address of Current Registered Agent

WELTER, PETER
1887 20TH AVE.
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name: Welter Peter
Street Address (P.O. Box Number is Not Acceptable):
2001 9th Ave
Ste # 201
City: Vero Beach FL Zip Code: 32960

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, 2001 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: D
NAME: WELTER, PETER
STREET ADDRESS: 1887 20TH AVE.
CITY-ST-ZIP: VERO BEACH FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: Welter Peter
STREET ADDRESS: 2001 9th Ave Ste 201
CITY-ST-ZIP: Vero Beach, Fl. 32960 ☒ Change ☐ Addition

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

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

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 #

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90374 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

1/6/00 561 770 9303