

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049864

1. Entity Name  
ANCHOR INSPECTION SERVICES, INC.

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90459 046 \*\*\*150.00

Principal Place of Business

416 SARABAY  
OSPNEY FL 34229

Mailing Address

PO BOX 1091  
OSPNEY FL 34229  
US

2. Principal Place of Business

303 Bayview Parkway  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1048  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NOKOMIS, FL

City & State

NOKOMIS, FL

4. FEI Number

65-0764493

Applied For

Not Applicable

Zip

34275

Country

Sarasota

Zip

34274

Country

USA

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

BROWN, DALE A  
416 SARABAY  
OSPNEY FL 34229

Name

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

303 BAYVIEW PKWY

City

NOKOMIS

FL

Zip Code

34275

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

*Dale A. Brown*

3/7/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BROWN, DALE A  
416 SARABAY  
OSPNEY FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
303 Bayview Parkway  
NOKOMIS, FL 34275 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
JACKSON, PEGGY  
416 SARABAY  
OSPNEY FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
303 Bayview Parkway  
NOKOMIS FL 34275 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Dale A. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

Daytime Phone #

CR2E034 (10/00)