

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016138

1. Entity Name

ANCHOR DECKING SYSTEMS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90002 029 ***150.00

Principal Place of Business

518 NW 77TH STREET
BOCA RATON FL 33487

Mailing Address

518 NW 77TH STREET
BOCA RATON FL 33069-1109

2. Principal Place of Business

1101 NW 31st Ave

3. Mailing Address

1101 NW 31st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL.

City & State

Pompano Beach, FL.

4. FEI Number

65-0812655

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

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

COLEMAN, ANTHONY G JR
6194 N FEDERAL HWY
BOCA RATON FL 33487

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

2/19/00

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 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 ☐ Delete
NAME D
STREET ADDRESS GIDNEY, ELAYNE
CITY-ST-ZIP 518 NW 77TH ST
BOCA RATON FL 33487

TITLE ☒ Change ☐ Addition
NAME Gidney, Elayne
STREET ADDRESS 1101 NW 31st Ave
CITY-ST-ZIP Pompano Bch. FL. 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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: Elayne Gidney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
Date

(954) 969-0122
Daytime Phone #

CR2E034 (9/99)