

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000016138**

1. Entity Name

ANCHOR DECKING SYSTEMS, INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90107 046 ***150.00

Principal Place of Business

**1101 NW 31ST AVE
POMPANO BEACH FL 33069
US**

Mailing Address

**1101 NW 31ST AVE
POMPANO BEACH FL 33069
US**

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 **65-0812655**

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****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

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	D	<input checked="" type="checkbox"/> Delete
NAME	GIDNEY, ELAYNE	
STREET ADDRESS	1101 NW 31ST AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN GIDNEY	
STREET ADDRESS	1101 NW 31ST AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)