

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 049 ***150.00

DOCUMENT # P98000082897

1. Entity Name

ANCHRON ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2433 Thomas Dr.

Suite, Apt. #, etc.

Suite 164

City & State

Panama City Beach Fl.

3. Mailing Address

2433 Thomas Dr.

Suite, Apt. #, etc.

Suite 164

City & State

Panama City Beach Fl.

Zip

32408

Country

Bay

Zip

32408

Country

Bay

4. FEI Number

59-3550876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Wehrmann, Ron

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

2433 Thomas Dr. #164

City

Panama City Beach

FL

Zip Code

32408

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

Ron Wehrmann

Ron Wehrmann, President

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	V Brown, Angela 2433 Thomas Dr. 164 Panama City Beach, F. 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wehrmann, Ron 2433 Thomas Dr. #164 Panama City Beach, Fl. 32408
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ron Wehrmann

RON WEHRMANN

April 26, 2002 (850) 230-3431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #