

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092165

1. Entity Name

ANCHOR MARINE, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90298 048 ***150.00

Principal Place of Business

1150 LOUISIANA AVE.
WINTER PARK FL 32789

Mailing Address

P.O. BOX 2187
WINTER PARK FL 32790

2. Principal Place of Business

4370 Carraway Pl.

3. Mailing Address

4370 Carraway Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford FL 32771

City & State

Sanford FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

59-3540988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, HUGH M
1150 LOUISIANA AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Bruce L. Barber

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

4370 Carraway Pl.

City

Sanford

FL

Zip Code

32771

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PALMER, HUGH M
1150 LOUISIANA AVE.
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
Bruce L. Barber
4370 Carraway Pl.
Sanford FL 32771 ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce L. Barber

Date

1-20-01

Daytime Phone #

407 322 4894

CR2E034 (10/00)