

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094096

1. Entity Name

ANCHOR TITLE EAST, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90114 029 ***150.00

Principal Place of Business

14738 HORSESHOE TRACE
WELLINGTON FL 33414

Mailing Address

14738 HORSESHOE TRACE
WELLINGTON FL 33414-7839

2. Principal Place of Business

12773 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 1201

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Address

12773 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 1201

City & State

Wellington, FL

Zip

33414

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0873959

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

PORRO, HILDA M ESQ.
12769 W. FOREST HILL BLVD.
SUITE E
WELLINGTON FL 33414

Name

Hilda M. Porro

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

12773 W. Forest Hill Blvd.

Suite 1201

City

Wellington

FL

Zip Code

33414

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

2/18/00

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, 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 **D** ☐ Delete
NAME **PORRO, HILDA M ESQ.**
STREET ADDRESS **14738 HORSESHOE TRACE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Hilda M. Porro, Esq.**
STREET ADDRESS **12773 W. Forest Hill Blvd., Ste. 1201**
CITY-ST-ZIP **Wellington, FL 33414**

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

President

2/18/00

561-798-3994

Date

Daytime Phone #

CR2E034 (9/99)