2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am DOCUMENT # P99000040489 **Secretary of State** ANCHOR WATCH MARINE, INC. 02-03-2001 90020 014 ***150.00 Mailing Address Principal Place of Business 3400 PAN AMERICAN DR., #6-60 3400 PAN AMERICAN DR., #6-60 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address 2565 Tigertai 2565 Tigertail Ave. Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0913424 Coconut <u>oco</u>nut Not Applicable \$8.75 Additional 5. Certificate of Status Desired *33*/33 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Müccil MUCCILLO, JOHN 3400 PAN AMERICAN DR., #6-60 **MIAMI FL 33133** changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for pose of SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. John R. Muccillo 2565 Tigertail Ave. TITLE Delete Change MUCCILLO, JOHN NAME NAME 3400 PAN AMERICAN DR., #6-60 STREET ADDRESS STREET ADDRESS Coconut Grove, FL 33/33 Patricia A. Muccillo Change **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE MUCCILLO, PATRICIA NAME NAME 2565 Tigertail Ave. 3400 PAN AMERICAN DR., #6-60 STREET ADDRESS STREET ADDRESS Coconut Grove, FL 33/33 MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.