

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0228154 AV

DOCUMENT # P99000040489

1. Entity Name
ANCHOR WATCH MARINE, INC.

02-21-2002 90022 017 ***150.00

Principal Place of Business
2565 TIGERTAIL AVE
COCONUT GROVE FL 33133

Mailing Address
2565 TIGERTAIL AVE
COCONUT GROVE FL 33133



2. Principal Place of Business

3399 NW South River Dr.

3. Mailing Address

3399 NW South River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0913424

Applied For

Not Applicable

Zip

FL 33142

Country

Miami-Dade

Zip

33142

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUCCILLO, JOHN
2565 TIGERTAIL AVE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

John & Patricia A. Muccillo

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

3399 NW South River Dr.

City

Miami

FL

Zip Code

33142

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 **John and Patricia Muccillo - Owners**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/02

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, 2002 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 **D** ☐ Delete
NAME **MUCCILLO, JOHN**
STREET ADDRESS **2565 TIGERTAIL AVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ Delete
NAME **MUCCILLO, PATRICIA**
STREET ADDRESS **2565 TIGERTAIL AVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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 **Patricia A. Muccillo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02
Date

305-634-4858
Daytime Phone #

CR2E034 (9/01)