

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 90562 033 ***150.00

0374224 AV

DOCUMENT # P99000053072

1. Entity Name
ANCHOR SUPPORT, INC.

Principal Place of Business
899 GRANADA DRIVE
BOCA RATON FL 33432

Mailing Address
899 GRANADA DRIVE
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0941166**

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

PEIRCE, DONALD H
899 GRANADA DRIVE
BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
 NAME **PEIRCE, DONALD H**
 STREET ADDRESS **899 GRANADA DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

CR2E034 (9/01)

May 1, 2002

Attachment

Doc# P99000053072

433369

**Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500**

RE: FEI Number 65-0941166

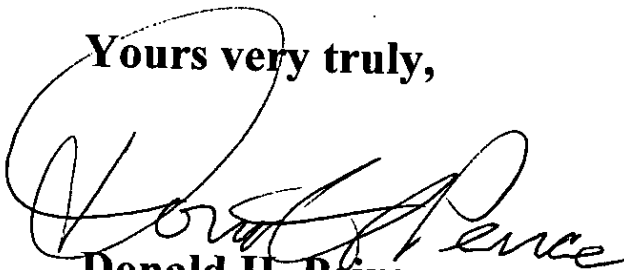
**I apologize that this is being placed in the mail and
postmarked on May 2, 2002.**

**We have just returned from Pennsylvania due to the
sudden death, and funeral of my wife's father.**

I would greatly appreciate your accepting this report.

Thank you.

Yours very truly,



**Donald H. Peirce
Anchor Support, Inc.
899 Granada Drive
Boca Raton, FL 33432**

Enclosed, Check # 1067