

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062504

1. Entity Name

ANKER AUTOMOTIVE, INC.

Principal Place of Business

2701 CENTRAL AVE.  
SAINT PETERSBURG FL 33713

Mailing Address

2701 CENTRAL AVE.  
SAINT PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

POWELL, JAMES N  
NATIONSBANK TOWER, ONE PROGRESS PLAZA  
STE. 1210  
ST. PETERSBURG FL 33701

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, 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 ☐ Delete  
NAME ANKERBERG, CHARLES W SR.  
STREET ADDRESS P.O. BOX 15698  
CITY-ST-ZIP ST. PETERSBURG FL 33733-5698

TITLE ☐ Delete  
NAME ANKERBERG, C. WARREN JR.  
STREET ADDRESS 5190 44TH ST. SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ Delete  
NAME DANIELS, VERNON L  
STREET ADDRESS 9440 55TH ST. NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Delete  
NAME SMITH, DOUGLAS S  
STREET ADDRESS 3443 QUEENS ST. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE ☐ Delete  
NAME BERMAN, RONALD  
STREET ADDRESS 1482 CLEARWATER LARGO RD. NW  
CITY-ST-ZIP CLEARWATER FL 33756

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

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

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 #

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90051 005 \*\*\*150.00

**D0049445**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)