

Please see attached.
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91354 037 ***150.00

DOCUMENT # P99000063088

1. Entity Name
ANCHOR PAINTING CO., INC.

Principal Place of Business 951 MAPLE RIDGE COURT ORANGE PARK FL 32065	Mailing Address 951 MAPLE RIDGE COURT ORANGE PARK FL 32065
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **59-3643757** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**POUCHER, ALLEN L JR.
 320 EAST ADAMS STREET
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST DAVIS, CHERYL A 951 MAPLE RIDGE COURT ORANGE PARK FL 32065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/11/01** Daytime Phone #: **(904) 272-8718**

CR2E034 (10/00)

Attachment
#799000063088
767164

Subj: **RE: Anchor Painting Co., Inc.**
Date: 5/10/2001 3:00:25 PM Eastern Daylight Time
From: *corpHELP@mail.dos.state.fl.us (corpHELP)*
To: *Reilly12271@aol.com ('Reilly12271@aol.com')*

Quickly submit the filing via mail with a check for \$150. Please include a copy of this email concerning the reason of not filing May 1. The examiner will review and advise if you need to send additional fees.

Kelley Shank
Internet Access/Electronic Filing Account Coordinator
Department of State
Division of Corporations
850-487-6031

-----Original Message-----

From: *Reilly12271@aol.com [mailto:Reilly12271@aol.com]*
Sent: Thursday, May 10, 2001 10:54 AM
To: *corpHELP@mail.dos.state.fl.us*
Subject: Anchor Painting Co., Inc.

Dear Sirs:

Please be informed by this writing that Cheryl Davis, President of Anchor Painting Co., Inc., has contacted me regarding her Annual Report. It

is my understanding that she has had severe family medical emergencies with her 94 year old grandmother, who currently resides with Ms. Davis since January of this year. Due to the added responsibilities of Ms. Davis, she has inadvertently forgot to file her Annual Return.

We are requesting that you waive the \$500.00 late fee and accept her payment of \$150.00 by check number 863 from her personal account for her Annual Return which is coming via United States postal service.

Your assistance in this matter is greatly appreciated. Please contact me by phone at (904) 355-55505 or by email at *Reilly12271@aol.com* to confirm that this agreement is acceptable. I look forward to hearing from you soon. If I do not hear from you by close of business today, Ms. Davis will forward her \$150.00 fee together with her Annual Return as scheduled.

Thank you again.

Sincerely,
Renee Reilly,
Paralegal to Allen L. Poucher, Jr.