

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90128 049 \*\*\*150.00

**DOCUMENT # P99000091642**

1. Entity Name  
**ANCCC, INC.**

Principal Place of Business  
**2923 N.W. 202ND STREET  
 NEWBERRY FL 32669**

Mailing Address  
**2923 N.W. 202ND STREET  
 NEWBERRY FL 32669**

2. Principal Place of Business  
**14203 NW 150th Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2923 NW 202 St.**  
 Suite, Apt. #, etc.

City & State  
**NEWBERRY, FL.**  
 Zip  
**32616**  
 Country  
**USA**

City & State  
**NEWBERRY, FL.**  
 Zip  
**32669**  
 Country  
**USA**

4. FEI Number **59-3603680**

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

**DUDLEY, CARLTON L II  
 2923 N.W. 202ND STREET  
 NEWBERRY FL 32669**

Name  
**Dudley, Carlton L. II**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2923 NW 202 St.**  
 City  
**Newberry** FL Zip Code  
**32669**

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 **Carlton L. Dudley II** **2-23-01**  
 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUDLEY, CARLTON L II</b> <b>2923 N.W. 202ND STREET</b> <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALE-DUDLEY, ERIKA</b> <b>2923 N.W. 202ND STREET</b> <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: **Carlton L. Dudley II**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-23-01 352-538-2160**  
 Date Daytime Phone

CR2E034 (10/00)