

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29877

1. Entity Name  
**ANCHORSHADE, INC.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
04-13-2001 90016 030 \*\*\*150.00

Principal Place of Business  
1312 COMMERCE LANE  
SUITE 10A  
JUPITER FL 33458  
US

Mailing Address  
1312 COMMERCE LANE  
SUITE 10A  
JUPITER FL 33458  
US

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 **22-6629246**

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

**HALEY, BARRY L.**  
**ONE E. BROWARD BLVD.**  
**SUITE 1609**  
**FT. LAUDERDALE FL 33301**

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

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

TITLE **P** ☐ Delete  
NAME **HARRIS, NORMAN EARL**  
STREET ADDRESS **1312 COMMERCE LANE, #9A**  
CITY-ST-ZIP **JUPITER FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **1312 Commerce Lane, #10A**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **HARRIS, MARGARET ROSE**  
STREET ADDRESS **1312 COMMERCE LANE, #9A**  
CITY-ST-ZIP **JUPITER FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **1312 Commerce Lane, #10A**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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☐ Change ☐ Addition  
TITLE  
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: **Norman E. Harris** Norman E. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

561-691-4205

Daytime Phone #

CR2E034 (10/00)