

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005746

1. Entity Name
ANROPA, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90068 031 ***150.00

Principal Place of Business
5117 CASTELLO DRIVE, SUITE 1
NAPLES FL 34103

Mailing Address
5117 CASTELLO DRIVE, SUITE 1
NAPLES FL 34133-0279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
28000 Spanish Wells Blvd
Suite, Apt. #, etc. 200

3. Mailing Address
P.O. Box 279
Suite, Apt. #, etc.

City & State
Bonita Springs FL
Zip 34135

City & State
Bonita Springs, FL
Zip 34133

4. FEI Number 59-3423376
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
AMBURN, JAMES W
5117 CASTELLO DR
SUITE 1
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd
Suite 200
City Bonita Springs FL Zip Code 34135

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PAUL, ROLF	
STREET ADDRESS	5117 CASTELLO DRIVE, SUITE 1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAUL, ANITA	
STREET ADDRESS	5117 CASTELLO DRIVE, SUITE 1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.T. Paul Rolf	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28000 Spanish Wells Blvd - Ste 200	
STREET ADDRESS	Bonita Springs FL 34135	
CITY-ST-ZIP		
TITLE	VP, S. Paul, Anita	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28000 Spanish Wells Blvd - Ste 200	
STREET ADDRESS	Bonita Springs, FL 34135	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2000
Date

Daytime Phone #

CR2E034 (9/99)