

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90142 045 ***150.00

DOCUMENT # 340798

1. Entity Name
ENDRESS ENTERPRISES, INC.



Principal Place of Business
4396 BOWSPRIT CT
4-B
FORT MYERS FL 33919
US

Mailing Address
4396 BOWSPRIT CT
4-B
FORT MYERS FL 33919
US



2. Principal Place of Business
14909 MAHOE CT.
Suite, Apt. #, etc.

3. Mailing Address
14909 MAHOE CT.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS, FLORIDA
Zip
33908
Country
LEE

City & State
FT MYERS, FLORIDA
Zip
33908
Country
LEE

4. FEI Number **59-1380552**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ENDRESS, WILLIAM J
4396 BOWSPRIT CT
4-B
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name **William J. ENDRESS**
Street Address (P.O. Box Number, if applicable)
14909 MAHOE CT.
FT. MYERS FL. 33908
City **FL** Zip Code **33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **1/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VS** ☐ Delete
NAME **ENDRESS, JANIE R**
STREET ADDRESS **4396 BOWSPRIT CT 4-B**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **PD** ☐ Delete
NAME **ENDRESS, WILLIAM J**
STREET ADDRESS **4396 BOWSPRIT CT 4-B**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☒ Change ☐ Addition
NAME **JANIE ENDRESS**
STREET ADDRESS **14909 MAHOE CT.**
CITY-ST-ZIP **FT. MYER FL. 33908**

TITLE **PD** ☒ Change ☐ Addition
NAME **William J. ENDRESS**
STREET ADDRESS **14909 MAHOE CT.**
CITY-ST-ZIP **FT. MYERS, FL. 33908**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

(239) 267-5222

Daytime Phone #

CR2E034 (10/02)