

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90053 010 ***158.75

001/209 AI

DOCUMENT # F00000006318

1. Entity Name
ENTREE'S INC.

Principal Place of Business
**800 MAYNARD AVE S., #101
 SEATTLE WA 98134**

Mailing Address
**800 MAYNARD AVE S., #101
 SEATTLE WA 98134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5385 Gateway Blvd
 Suite, Apt. #, etc.
Suite 6 and 7
 City & State
Lakeland, FL
 Zip
33811
 Country
USA

3. Mailing Address
3922 6th Ave. So
 Suite, Apt. #, etc.
 City & State
Seattle, WA
 Zip
98108
 Country
USA

4. FEI Number
91-1511710

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WILLIAMSON, JAMES S
 2923 OLD TAMPA HWY
 LAKELAND FL 33803**

7. Name and Address of New Registered Agent
 Name
Mar, Henderson
 Street Address (P.O. Box Number is Not Acceptable)
5385 Gateway Blvd.
 City
Lakeland **FL** Zip Code
33811

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 **Henderson Mar, President** **1/19/02**
 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, 2002 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	PS MAR, HENDERSON 3621 134TH AVE., NE BELLEVUE WA <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	S MAR, JANIS P 3621 134TH AVE., NE BELLEVUE WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Henderson Mar** **1/19/02** **206-625-1116**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)