

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90069 005 \*\*\*150.00

RECEIVED BY

**DOCUMENT # H37288**

1. Entity Name

**ANRO ENGINEERING, INC.**

Principal Place of Business

**1800 SECOND STREET  
 STE 740  
 SARASOTA FL 34236  
 US**

Mailing Address

**1800 SECOND STREET  
 STE 740  
 SARASOTA FL 34236  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 730**

Suite, Apt. #, etc.

**Suite 730**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-2714072**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSS, VIVIAN I.  
 455 LONGBOAT CLUB RD PH1  
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete  
 NAME **ROSS, GERALD F.**  
 STREET ADDRESS **455 LONGBOAT CLUB RD PH1**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☐ Delete  
 NAME **ROSS, VIVIAN I.**  
 STREET ADDRESS **455 LONGBOAT CLUB RD PH1**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ Delete  
 NAME **KAHN, WALTER K.**  
 STREET ADDRESS **7709 HAMILTON SPRING RD.**  
 CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **D** ☐ Delete  
 NAME **KAHN, BARBARA**  
 STREET ADDRESS **7709 HAMILTON SPRING RD.**  
 CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **VD** ☒ Delete  
 NAME **BARTON, DAVID K.**  
 STREET ADDRESS **80 LYME RD., APT 1004**  
 CITY-ST-ZIP **HANOVER NH 03755**

TITLE **TV** ☐ Delete  
 NAME **HINKLEY, CATHERINE**  
 STREET ADDRESS **21 ZINA ROAD**  
 CITY-ST-ZIP **HUDSON MA**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME **Howard S. Richter**  
 STREET ADDRESS **7 Wainwright Rd. #24**  
 CITY-ST-ZIP **Winchester, MA 01890**  
**Director**

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

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

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

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

TITLE ☐ Change ☐ 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:

*Catherine Hinkley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/02**  
 Date

**(978) 562-4640**  
 Daytime Phone #

CR2E034 (9/01)