

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90782 027 \*\*\*150.00

**DOCUMENT # H37288**

1. Entity Name  
**ANRO ENGINEERING, INC.**



Principal Place of Business  
**1800 SECOND STREET  
SUITE 730  
SARASOTA FL 34236  
US**

Mailing Address  
**1800 SECOND STREET  
SUITE 730  
SARASOTA FL 34236  
US**



☐ CHECK HERE IF MAKING CHANGES

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 **04-2714072**

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

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **RICHTER, HOWARD S**  
STREET ADDRESS **7 WAINWRIGHT RD. #24**  
CITY-ST-ZIP **WINCHESTER MA 01390**

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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/03**

Date

**(978) 562-4640**

Daytime Phone #

CR2E034 (10/02)