

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90112 003 ***150.00

DOCUMENT # J16897

1. Entity Name
STANDRU ENTERPRISES, INC.

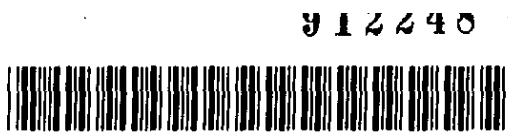
Principal Place of Business Mailing Address
179 SE 3RD ST FL **174 S.W. 3RD ST.**
DEERFIELD BEACH FL 33441 **DEERFIELD BEACH FL 33441-4614**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2761484** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
COX, BENJAMIN W.
174 S.W. 3RD STREET
DEERFIELD BEACH FL 33441

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, RODNEY VAUGHN	NAME	
STREET ADDRESS	8224 S. CORAL CIR.	STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX-MCGOWAN, CODY D	NAME	
STREET ADDRESS	2366 NW 34TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, EDRIS M.	NAME	
STREET ADDRESS	174 S.W. 3RD ST.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS, CHEYENNE C.	NAME	
STREET ADDRESS	600 S.W. 14TH CT.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX-DENNARD, MARSHA	NAME	
STREET ADDRESS	533 SW 2ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, LARRY J II	NAME	
STREET ADDRESS	174 SW 3RD STREET	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	CITY-ST-ZIP	

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 I am empowered.

SIGNATURE: Edris M. Cox *Edris M. Cox* 1-26-00 (954)-427-5147
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)