

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J16897****1. Entity Name**  
**STANDRU ENTERPRISES, INC.****FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90175 037 \*\*\*150.00

**Principal Place of Business**  
179 SE 3RD ST FL  
DEERFIELD BEACH FL 33441  
US**Mailing Address**  
174 S.W. 3RD ST.  
DEERFIELD BEACH FL 33441**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**  
59-2761484

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**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**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** PD ☐ Delete  
**NAME** COX, RODNEY VAUGHN  
**STREET ADDRESS** 8224 S. CORAL CIR.  
**CITY-ST-ZIP** N. LAUDERDALE FL**TITLE** VD ☐ Delete  
**NAME** COX-MCGOWAN, CODY D  
**STREET ADDRESS** 2366 NW 34TH TERR.  
**CITY-ST-ZIP** COCONUT CREEK FL 33066**TITLE** TD ☐ Delete  
**NAME** COX, EDRIS M.  
**STREET ADDRESS** 174 S.W. 3RD ST.  
**CITY-ST-ZIP** DEERFIELD BCH FL 33441**TITLE** D ☐ Delete  
**NAME** STUBBS, CHEYENNE C.  
**STREET ADDRESS** 600 S.W. 14TH CT.  
**CITY-ST-ZIP** DEERFIELD BCH FL**TITLE** SD ☐ Delete  
**NAME** COX-DENNARD, MARSHA  
**STREET ADDRESS** 533 SW 2ND AVE.  
**CITY-ST-ZIP** DEERFIELD BCH FL 33441**TITLE** D ☐ Delete  
**NAME** BUTLER, LARRY J II  
**STREET ADDRESS** 174 SW 3RD STREET  
**CITY-ST-ZIP** DEERFIELD BEACH FL 33441**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition**NAME**  
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**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:**EDRIS M. COX  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)