

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-05-2003 90080 047 ***150.00

DOCUMENT # J16897

1. Entity Name
STANDRU ENTERPRISES, INC.



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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2761484**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COX, BENJAMIN W.
174 S.W. 3RD STREET
DEERFIELD BEACH FL 33441

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	PD	<input type="checkbox"/> Delete
NAME	COX, RODNEY VAUGHN	
STREET ADDRESS	8224 S. CORAL CIR.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COX-MCGOWAN, CODY D	
STREET ADDRESS	2368 NW 34TH TERR.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, EDRIS M.	
STREET ADDRESS	174 S.W. 3RD ST.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUBBS, CHEYENNE C.	
STREET ADDRESS	800 S.W. 14TH CT.	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX-DENNARD, MARSHA	
STREET ADDRESS	533 SW 2ND AVE.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, LARRY J II	
STREET ADDRESS	174 SW 3RD STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edris M. Cox

March 17 2003

(954) 427-5147

CR2E034 (10/02)