

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76765

1. Entity Name

ANDROSE, INC.

Principal Place of Business

5502 HARBOUR CASTLE
FT. MYERS FL 33907
US

Mailing Address

% MARCIA J. ANDERSON
5502 HARBOUR CASTLE DRIVE
FT. MYERS FL 33908-1812
US

2. Principal Place of Business

Suite, Apt. #, etc.

15106 Ports of Land

City & State
Ft Myers FL

Zip

33908

Country

US

3. Mailing Address

MARCIA J. ANDERSON

Suite, Apt. #, etc.

15106 Ports of Land

City & State
Ft Myers FL

Zip

33908

Country

US

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90110 008 ***150.00

00031033



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0130901

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

ANDERSEN, MARCIA J.
5502 HARBOUR CASTLE DR
FT MYERS FL 33907

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ANDERSON, JAMES E.	5502 HARBOUR CASTLE DRIVE	FT. MYERS FL	<input type="checkbox"/>
T	ANDERSON, MARCIA J.	5502 HARBOUR CASTLE DRIVE	FT. MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Marcia J. Anderson* Marcia J. Anderson

Date

Daytime Phone #

2/22/00 941-481-7311

CR2E034 (9/99)