

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90004 012 ***550.00

DOCUMENT # **P00000038827**

1. Entity Name

SQUARE1 INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1715 NW 27TH TERRACE

3. Mailing Address

P.O. BOX 1469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

SAG HARBOR, NY

4. FEI Number

65-1005224

Applied For

☐ Not Applicable

Zip

32605

Country

USA

Zip

11963

Country

USA

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

LOUISE H. ANDERSON
40 DAVIS-MONK
P.O. BOX 13494
4010 NW 25TH PLACE
GAINESVILLE, FL 32604

Name **Louise H. Anderson**
Street Address (P.O. Box Number is Not Acceptable)
4010 NW 25 PLACE

City **Gainesville**

FL

Zip Code **32606**

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

Louise H. Anderson

Louise H. Anderson

7/5/01

(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, 2001 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 **PRESIDENT** ☐ Delete
NAME **ANNE JAROSZENICZ**
STREET ADDRESS **PO BOX 1469 46 PALMER TER.**
CITY-ST-ZIP **SAG HARBOR, NY 11963**

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

TITLE **VICE-PRESIDENT** ☐ Delete
NAME **CHRISTINE JAROSZENICZ**
STREET ADDRESS **1715 NW 27TH TERR**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

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

TITLE **SECRETARY** ☐ Delete
NAME **ANNE JAROSZENICZ**
STREET ADDRESS **PO BOX 1469 46 PALMER TER.**
CITY-ST-ZIP **SAG HARBOR, NY 11963**

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

TITLE **TREASURER** ☐ Delete
NAME **ANNE JAROSZENICZ**
STREET ADDRESS **PO BOX 1469 46 PALMER TER**
CITY-ST-ZIP **SAG HARBOR, NY 11963**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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:

ANNE JAROSZENICZ **ANNE JAROSZENICZ**

6/29/01 631/425-6960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #

CR2E034 (11/00)