

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91794 022 ***150.00

0536233 AV

DOCUMENT # P01000038807

1. Entity Name
MORANDE ENTERPRISES, INC.



Principal Place of Business
**1472 AIRPORT ROAD
NAPLES FL 34110**

Mailing Address
**1472 AIRPORT ROAD
NAPLES FL 34110**



2. Principal Place of Business
8300 Radio Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number **59-3733588**

Applied For

Not Applicable

Zip **34104**

Country

Collier

Zip

Country

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

6. Name and Address of Current Registered Agent

**MCARDLE, MICHAEL W
850 PARK SHORE DRIVE
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1112 Goodlette Road

Suite 204

City

Naples

FL

Zip Code

34102

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)

4-30-02

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

TITLE **PT** ☐ Delete
NAME **MORANDE, JR, JAMES**
STREET ADDRESS **5180 OLD GALLOWS WAY**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **VPS** ☐ Delete
NAME **MORANDE, MICHAEL J**
STREET ADDRESS **9030 HARVEST WOOD COURT**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ 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

4-29-03

239-732-8910

Date

Daytime Phone #

CR2E034 (10/02)