

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90069 046 ***150.00

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DOCUMENT # P01000093697

1. Entity Name
ANESCO MARINE, INC.



Principal Place of Business
**1700 DOLPHIN CT.
NAPLES FL 34102**

Mailing Address
**1700 DOLPHIN CT.
NAPLES FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1141921**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLDAK, HAROLD
1700 DOLPHIN CT.
NAPLES FL 34102**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
OLDAK, HAROLD
1700 DOLPHIN CT.
NAPLES FL 34102** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
OLDAK, JILL
1700 DOLPHIN CT.
NAPLES FL 34102** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

7/28/03

Date

239-774-3929

Daytime Phone #

CR2E034 (4/03)

Attachment
80134409
PO1000093697



ANESCO MARINE, INC.



1700 Dolphin Court • Naples, Florida 34102-2500
(239) 774-3929 • Fax: (239) 774-0048

Monday 28th July, 2003

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report

Gentlemen:

We have received subject form and are shocked to note there is a \$400.00 delinquent charge. We are a very small Corporation and this is our first year that we will be filing as such. We had not received a previous request for any monies, and, being new, were not aware of such a charge.

My efforts to contact your office were met with only electronic responses and, therefore, I was unable to resolve the situation.

Therefore, I am enclosing two checks - one for \$150.00 and one for \$400.00 in the hopes that you will take into consideration our ignorance of the facts and tear up the one for the additional \$400.00.

Looking forward to your clemency in this matter.

Sincerely,

ANESCO MARINE


Jill Oldak
Vice President

JO/ms
Encs: 2