FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jul 30, 2003 8:00 am **Secretary of State** P01000093697 DOCUMENT # 07-30-2003 90069 046 \*\*\*150.00 1. Entity Name ANESCO MARINE, INC. Principal Place of Business Mailing Address. 1700 DOLPHIN CT. 1700 DOLPHIN CT. NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1141921 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OLDAK, HAROLD Street Address (P.O. Box Number is Not Acceptable) 1700 DOLPHIN CT. NAPLES FL 34102 City 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 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition OLDAK, HAROLD NAME NAME 1700 DOLPHIN CT. STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP ٧D TITLE ☐ Delete THUE Change ☐ Addition OLDAK, JILL NAME NAME 1700 DOLPHIN CT. STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete --- ~ -TITLE -Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

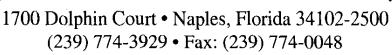
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

22 Required

80134409 P01000093697

## ANESCO MARINE, INC.





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

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