

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90038 048 ***150.00

DOCUMENT # *P03000140381*

1. Entity Name

J. Andrus Enterprises Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3661 2nd Ave SE

3. Mailing Address

3661 2nd Ave SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34117

Country

Collier

Zip

34117

Country

Collier

4. FEI Number

200403945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Joseph J Andrus*

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

3661 2nd Ave SE

City

Naples

FL

Zip Code

34117

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

Joseph J Andrus

Joseph J Andrus

(NOTE: Registered Agent signature required when reinstating)

3-4-04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President</i>	TITLE	
NAME	<i>Joseph J Andrus</i>	NAME	
STREET ADDRESS	<i>3661 2nd Ave SE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Naples FL 34117</i>	CITY-ST-ZIP	
TITLE	<i>Vice-President</i>	TITLE	
NAME	<i>Ruth Ann Andrus</i>	NAME	
STREET ADDRESS	<i>3661 2nd Ave SE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Naples FL 34117</i>	CITY-ST-ZIP	
TITLE	<i>TREASURER</i>	TITLE	
NAME	<i>Joseph J Andrus</i>	NAME	
STREET ADDRESS	<i>3661 2nd Ave SE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Naples FL 34117</i>	CITY-ST-ZIP	
TITLE	<i>Secretary</i>	TITLE	
NAME	<i>Ruth Ann Andrus</i>	NAME	
STREET ADDRESS	<i>3661 2nd Ave SE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Naples FL 34117</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with a power like empowered.

SIGNATURE:

Ruth Ann Andrus

Ruth Ann Andrus

3-4-04 239-353-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)