

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90236 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P930000 43680

1. Entity Name

AANCO SAND BLASTING II INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6700 NW 22nd Terrace

3. Mailing Address

6700 NW 22nd Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

4. FFI Number

65-04 16788

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Mary Anderson

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

6700 NW 22nd Terrace

City

Ft Lauderdale

FL

Zip Code

33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPres
Mary Anderson
6700 NW 22nd Terrace
Ft Lauderdale FL 33309TITLE
NAME
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CITY-ST-ZIPTITLE
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Mary Anderson

4/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declaration Printed

CR2034B (12/01)