

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90271 020 ***150.00

DOCUMENT # P98000075618

1. Entity Name

MONROE & ASSOCIATES, INC.

Principal Place of Business

**5949 BIRCHWOOD DR
TAMPA FL 33625**

Mailing Address

**5949 BIRCHWOOD DR
TAMPA FL 33625**

2. Principal Place of Business

4218 HARBOR LAKE

3. Mailing Address

4218 HARBOR LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33558

Country

USA

Zip

33558

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3533456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONROE, GENE D
5949 BIRCHWOOD DR
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name

GENE D. MONROE

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

4218 HARBOR LAKE DR.

City

LUTZ

FL

Zip Code

33558

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]

GENE D. MONROE / PRESIDENT 22 APR 02

(Signature based on printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	MONROE, GENE D	
STREET ADDRESS	5949 BIRCHWOOD DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, GENE D.	
STREET ADDRESS	4218 HARBOR LAKE DR.	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GENE D. MONROE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 22 APR

813-948-4350

Date

Daytime Phone #

CR2E034 (9/01)