

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name *Anoreus & Copans Ser. Inc.*

596342

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90092 041 ***150.00

B0091416

Principal Place of Business

Mailing Address

1231 W. Copans Road
Pocahontas Beach FL 33064

Sauce

2. Principal Place of Business

3. Mailing Address

1231 W. Copans Road

Sauce

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pocahontas Beach FL

City & State

FL

4. FEI Number

65-0300324

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Benedict Ester
1231 W. Copans Road
Pocahontas Beach FL 33064

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.

SIGNATURE

Benedict Ester

Signature, typed or 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President* ☐ Delete
NAME *Benedict Ester*
STREET ADDRESS *PO Box 21464 TO W K KOLKE*
CITY-ST-ZIP *BOCA RATON FL 33486*

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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.

SIGNATURE:

Benedict Ester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/2000

CR2E034 (9/99)