

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91178 032 ***150.00

0422258
AV

DOCUMENT # **V00376**

1. Entity Name
DEANDREA ENTERPRISES, INC.



Principal Place of Business
**110 HALF MOON CR.
#B2
LANTANA FL 33462**

Mailing Address
**110 HALF MOON CR.
#B2
LANTANA FL 33462**



2. Principal Place of Business

786 REGENCY RESERVE CIRCLE #1404
Suite, Apt. #, etc.
#1404

3. Mailing Address

786 REGENCY RESERVE CIRCLE #1404
Suite, Apt. #, etc.
#1404

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number

65-0303748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEANDREA SR JOSEPH B
110 HALF MOON CIRCLE #B2
SUITE 300
HYPOLUXO FL 33462**

7. Name and Address of New Registered Agent

Name **DEANDREA SR. JOSEPH B.**
Street Address (P.O. Box Number is Not Acceptable)
786 REGENCY RESERVE CIRCLE #1404
City **NAPLES** FL Zip Code **34119**

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 B. D. Chen

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **DEANDREA, JOSEPH**
STREET ADDRESS **110 HALF MOON CR., #B2**
CITY-ST-ZIP **LANTANA FL**

TITLE **D** ☐ Delete
NAME **DEANDREA, ROSE MARIE**
STREET ADDRESS **110 HALF MOON CR., #B2**
CITY-ST-ZIP **LANTANA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **DEANDREA, JOSEPH**
STREET ADDRESS **786 REGENCY RESERVE CIRCLE #1404**
CITY-ST-ZIP **NAPLES, FL. 34119**

TITLE **D** ☒ Change ☐ Addition
NAME **DEANDREA, ROSE MARIE**
STREET ADDRESS **786 REGENCY RESERVE CIRCLE #1404**
CITY-ST-ZIP **NAPLES, FL. 34119**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

JOSEPH B. D. CHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

570 341 0399

239-304 2637

Daytime Phone #

CR2E034 (10/02)