

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90138 037 ***150.00

DOCUMENT # S52568

1. Entity Name
F.L.E. II, INC.

Principal Place of Business

Mailing Address

**3618 WEBBER ST
 STE. 112
 SARASOTA FL 34232**

**3618 WEBBER ST
 STE. 112
 SARASOTA FL 34232-4430**

00000013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**4370 SO TAMIAAMI TRAIL
 Suite/Apt. #, etc.
 246**

**4370 SO TAMIAAMI TRAIL
 Suite/Apt. #, etc.
 246**

City & State

City & State

**SARASOTA, FL
 Zip 34231 Country SARASOTA**

**SARASOTA, FL
 Zip 34231 Country SARASOTA**

4. FEI Number

65-0262101

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGELS, FREDERICK L., II

~~3618 WEBBER ST~~ **4370 SO. TAMIAAMI TR**
~~SARASOTA FL 34232~~ **STE 246**
SARASOTA, FL 34231

Name

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

**4370 SO. TAMIAAMI TRAIL
 SUITE 246**

City **SARASOTA**

FL

Zip Code

34231

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 reinstating)

4-15-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	ENGELS, FREDERICK L., II	3618 WEBBER ST 4370 SO. TAMIAAMI TRAIL	SARASOTA FL	
			SUITE 246	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Frederick L. Engels, II
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00
 Date

941-926-4322
 Daytime Phone #

CR2E034 (9/99)