

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90002 034 ***550.00

DOCUMENT # F95000000592

1. Entity Name

ENCORP INTERNATIONAL, INC.

Principal Place of Business

**830 S 3RD ST
 STE 101
 JACKSONVILLE BEACH FL 32250**

Mailing Address

**7223 N. DIXIE HIGHWAY
 FAIRFIELD OH 45014-8502**

2. Principal Place of Business

818 N. AIA

Suite, Apt. #, etc.

SUITE 202

City & State

PONTE VEDRA FL

Zip **32082**

Country

USA

3. Mailing Address

818 N AIA

Suite, Apt. #, etc.

SUITE 202

City & State

PONTE VEDRA FL

Zip **32082**

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-1741871**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SAAD, BASSEL S	
STREET ADDRESS	9 MANSOURIA RD	
CITY-ST-ZIP	AHRAM GIZA EGYPT	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, IRENE S	
STREET ADDRESS	4932 BROWN CT.	
CITY-ST-ZIP	HAMILTON OH 45011	
TITLE	EXVP	<input type="checkbox"/> Delete
NAME	MOBAREK, HAZEM	
STREET ADDRESS	5 EBN EL NABIH ST	
CITY-ST-ZIP	ZAMALEK CAIRO EGYPT	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANDVOSS, KEITH A	
STREET ADDRESS	4729 SWANSNECK PLACE	
CITY-ST-ZIP	WINTER SPGS FL 32708	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON VALLE K	
STREET ADDRESS	2985 GERONA DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 CHARLEMANGE	
STREET ADDRESS	PONTE VEDRA FL 32082	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 CHARLEMANGE	
STREET ADDRESS	PONTE VEDRA FL 32246	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2001 9012736614

Date

Daytime Phone #

CR2E034 (10/00)