

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001973

1. Entity Name

ENGLE MARTIN & ASSOCIATES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90040 004 ***150.00

Principal Place of Business

6971 WEST SUNRISE BLVD., STE 104
PLANTATION FL 33313

Mailing Address

6971 WEST SUNRISE BLVD., STE 104
PLANTATION FL 33313

2. Principal Place of Business

3691 NW 124th Ave

Suite, Apt. #, etc.

3. Mailing Address

3691 NW 124th Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs, FL

Zip

33065 US

Zip

33065 US

4. FEI Number

58-2279821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DENNIS D
6971 W. SUNRISE BLVD., STE 104
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

Martin, Dennis D

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

3691 NW 124th Ave

City

Coral Springs

FL

Zip Code

33065

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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 ☐ Delete
NAME P
STREET ADDRESS ENGLE, KEVIN L
CITY-ST-ZIP 5064 ROSWELL RD, STE C-101
ATLANTA GA

TITLE ☐ Delete
NAME T
STREET ADDRESS CAPPS, C B
CITY-ST-ZIP 5064 ROSWELL RD, STE C-101
ATLANTA GA

TITLE ☐ Delete
NAME V
STREET ADDRESS MARTIN, DENNIS D
CITY-ST-ZIP 6971 W. SUNRISE BLVD., STE 104
PLANTATION FL

TITLE ☐ Delete
NAME S
STREET ADDRESS MCCOY, CHRISTOPHER E
CITY-ST-ZIP 10724 CARMEL COMMONS BLVD #550
CHARLOTTE NC

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)