

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J71694

1. Entity Name

ENGINEERED PRODUCTS SALES COMPANY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -8 AM 6:37

Principal Place of Business

Mailing Address

3060 CLEMSON ROAD SAME  
ORLANDO, FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2793395

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

JOHN K. GROGAN  
3060 CLEMSON RD.  
ORLANDO, FL 32808

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, 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	P	<input type="checkbox"/> Delete
NAME	JOHN K. GROGAN	
STREET ADDRESS	3060 CLEMSON RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BETTE J. GROGAN	
STREET ADDRESS	3060 CLEMSON RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	V	<input type="checkbox"/> Delete
NAME	MICHAEL D THOMAS	
STREET ADDRESS	3060 CLEMSON RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOUGLAS M. WAGNER, SA.	
STREET ADDRESS	3060 CLEMSON RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MERRI C ADDISON	
STREET ADDRESS	3060 CLEMSON RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRETT D. LAWICKI	
STREET ADDRESS	3060 CLEMSON RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003364426--5	
CITY-ST-ZIP	-08/18/00--01061--033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****61.25 *****61.25	
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		

CR2E034 (9/99)

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

DOUGLAS M. WAGNER, SA.

Date

8/1/00

Daytime Phone #

407-291-9641 x21