

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90036 017 ***150.00

DOCUMENT # K15169

1. Entity Name
ENGQUIST ENTERPRISES, INC.

Principal Place of Business 2222 CURRY FORD RD. ORLANDO FL 32806 US	Mailing Address 4706 GORDON LANE ORLANDO FL 32821-8228 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2222 Curry Ford Rd.	3. Mailing Address 4706 Gordon Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc. Orlando

City & State Orlando, FL	City & State Florida	4. FEI Number 59-2883500	Applied For <input type="checkbox"/> Not Applicable
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Zip 32806	Country Orange	Zip 32821	Country Orange	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ENGQUIST, ROBERT C. 4706 GORDON LANE ORLANDO FL 32821	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ENGQUIST, ROBERT C. 4706 GORDON LN. ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: _____ Date: **1-20-00** Daytime Phone #: **407-894-8928**

CR2E034 (9/99)