

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09858

1. Entity Name

THE ENGLISH COMPANY, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90079 011 ***150.00

Principal Place of Business

Mailing Address

1710 W. KENNEDY BLVD
TAMPA FL 33606
US

POST OFFICE BOX 3012
TAMPA FL 33601-3012
US

2. Principal Place of Business

237 E. DAVIS BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
211

City & State
TAMPA FLORIDA

City & State

4. FEI Number 59-2963617

Applied For

Not Applicable

Zip 33606 Country Hills,

Zip Country

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

ENGLISH, MICHAEL M
1710 W. KENNEDY BLVD
TAMPA FL 33606

Name

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

237 E. DAVIS BLVD SUITE 211

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 *Michael M. English*

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	DP	<input type="checkbox"/> Delete
NAME	ENGLISH, MICHAEL	
STREET ADDRESS	1517 E. 7TH AVENUE, SUITE C	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ENGLISH, JANE	
STREET ADDRESS	1517 E. 7TH AVENUE, SUITE C	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	237 E. DAVIS BLVD SUITE 211
CITY-ST-ZIP	TAMPA FL. 33606
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	237 E. DAVIS BLVD SUITE 211
CITY-ST-ZIP	TAMPA, FL. 33606
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	
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

4/4/2000 813 250 0232

Date

Daytime Phone #

CR2E034 (9/99)