2001 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -6 PM 3:27

DOCUMENT # L90081

Entity Name
ENGROFF, WILLIAMS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
N TAMIAMI TR ASOTA FL 34234	P O BOX 4155 SARASOTA FL 34230 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-1963137 ☐ 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
VENGROFF, HARVEY 3501 BAYOU CIRCLE LONGBOAT KEY FL 34228	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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's signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	CEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VENGROFF, HARVEY		NAME	200003396 1.02--2
STREET ADDRESS	3501 BAYOU SOUND		STREET ADDRESS	-04/13/01--01013--013
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOEL VENGROFF		NAME	
STREET ADDRESS	1 BANKSIDE DR		STREET ADDRESS	
CITY-ST-ZIP	CENTERPORT NY 11721		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARK VENGROFF		NAME	
STREET ADDRESS	1 CAVALIERI DRIVE		STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92646		CITY-ST-ZIP	
TITLE	CFOD	☐ Delete	TITLE	PD + CFOD ☒ Change ☐ Addition
NAME	ROBERT WILLIAMS		NAME	
STREET ADDRESS	2601 BERN CREEK LOOP		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	Kristy Vengroff ☒ Change ☐ Addition
NAME	KAISTY VENGROFF		NAME	
STREET ADDRESS	285 WOODBLUE BLVD.		STREET ADDRESS	Woodbine Ave
CITY-ST-ZIP	NORTHPORT NY		CITY-ST-ZIP	Northport, NY 11768
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CUDNEY, KAREN		NAME	
STREET ADDRESS	1220 MILL CREEK ROAD		STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP	

1. 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: _____ 4/3/01 941355-5900
Signature and / or Printed Name of Signing Officer or Director — Date — Daytime Phone #