

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90062 020 ****61.25

DOCUMENT # N18569

1. Entity Name

NATIONAL ORDER OF TRENCH RATS, INC.



Principal Place of Business

**1381 SW 28TH AVE
BOYNTON BEACH FL 33426
US**

Mailing Address

**1381 SW 28TH AVE
BOYNTON BEACH FL 33426
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0003196**

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

**ENGWILLER, JOHN D.
1381 SW 28TH AVE
BOYNTON BEACH FL 33426**

Name **BEVERLY ENGWILLER**

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

1381 SW 28TH AVE

City **Boynton Bch.**

FL

Zip Code **33426**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beverly Engweller **BEVERLY ENGWILLER**

2-5-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **ENDWILLER, JOHN D**
STREET ADDRESS **1381 SW 28TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **D** ☒ Change ☐ Addition
NAME **BEVERLY ENGWILLER**
STREET ADDRESS **1381 SW 28TH AVE**
CITY-ST-ZIP **Boynton Bch FL 33426**

TITLE **D** ☒ Delete
NAME **DILAURENZIO, JOHN J.**
STREET ADDRESS **P.O. BOX 86 N/A**
CITY-ST-ZIP **NAUGATUCK, CT**

TITLE **D** ☒ Change ☐ Addition
NAME **BERNARD L. WALKOWIAK**
STREET ADDRESS **557 PARK Drive**
CITY-ST-ZIP **CLARKSBURG, PA 15725**

TITLE **D** ☐ Delete
NAME **BAILEY, PAUL**
STREET ADDRESS **324 RUTTER AVE**
CITY-ST-ZIP **KINGSTON PA 18704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRZEZINSKI, WILLIAM**
STREET ADDRESS **3412 PINON PEAK DRIVE**
CITY-ST-ZIP **LAS VEGAS NV 89115**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CUMMINGS, FRANK**
STREET ADDRESS **717 WALTHAM STREET**
CITY-ST-ZIP **METairie LA 70001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **REED, VINCENT**
STREET ADDRESS **6 ELMWOOD RD**
CITY-ST-ZIP **LYNNFIELD MA 09140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly Engweller* **BEVERLY ENGWILLER** **2-5-03** **561-740-7985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (10/02)