

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90006 004 ****61.25

DOCUMENT # N44321

1. Entity Name

ENGLEWOOD EXECUTIVE NETWORK, INC.

Principal Place of Business

STEFANO'S FAMILY RESTAURANT
 401 S INDIANA AVE
 ENGLEWOOD FL 34223
 US

Mailing Address

SUNTRUST ATTN: DAWN PRESSLY
 298 S INDIANA AVE
 ENGLEWOOD FL 34223
 US

2. Principal Place of Business

SAME

3. Mailing Address

660 S. BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ENGLEWOOD, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

34223

US

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

DAWN PRESSLY % SUNTRUST
 298 S INDIANA AVE
 ENGLEWOOD FL 34223

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

SIGNATURE

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

JOHN R. MAURER
 (NOTE: Registered Agent signature required when reinstating)

8/2/02
 DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPOA, DAVE 455 S INDIANA AVE ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, GEORGE 450 W. DEARBORN ST ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLATT, WAYNE 51 BAY HEIGHTS W ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWN PRESSLY 298 S INDIANA AVE ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMSHAW, MARGO 3401 S. SUMTER BLVD NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, SUZANNE 1722 SHELL DR. ENGLEWOOD FL 34224	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE WILSON 450 W. DEARBORN ST. ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE MCCARTHY 1828 S. McCAUL RD STE 24 ENGLEWOOD FLA 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SAME</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN MAURER 660 S. BROADWAY ENGLEWOOD, FL. 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMA MILLER 10091 STONECROP AVE ENGLEWOOD FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C.M. MAEK 6610 GASPARILLO PLACE BLVD ENGLEWOOD, FL. 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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:

JOHN R. MAURER 8/2/02 941-474-3089