FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 24, 2001 8:00 am DOCUMENT # P00000026717 **Secretary of State** Engleman Enterprises, Inc. 07-24-2001 90019 033 ***150 00 Principal Place of Business Mailing Address 5109 Vinson Drive Tampa, FL. 33610 C0074018 2. Principal Place of Business 5109 Vinson Drive Melling Address 5109 Vinson ا کے بے بے 😤 وسط Sulte, Act. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4 FEI MUTHE 3195/11 City & State Applied For 1 ampa Tampa Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired UŠA 33610 JSA Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK D. Engleman --Name 5109 Vinson Drive Street Address (P.O. Box Number is Not Acceptable) Tampa, FL. 33610 City Zlp 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. Mark Engleman SIGNATURE & 9. This corporation is eligible to satisfy its intengible 19. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ME Delete MLE ☐ Change Addition MARE Mark D. Engleman STRETHORRESS 5109 VINSON Drive NAME STREET ADDRESS Tamon FL 33610 CITY-51-23P CTTY-ST-202 HILE Defets MIF Change Addition WAVE KHAF STREET ADDRESS STREET ACCORESS (XIV.ST.TP CITY-51-22 MILE ☐ Oelete Addition ☐ Change H STREET ACCRESS STREET ADDRESS. CITY-ST-ZP CITY-ST- RP Detete 1333 F Cheage ☐ Addition MAE NAME: STREET ADDRESS STREET ADDRESS CITY-57-20 CITY-ST-ZIP MLE ☐ Deteta Addition ☐ Change MAG MALE STREET ADDRESS STREET AVERGOS CITY-ST-ZIP CITY-ST-299 सहार C Deleta TITLE Addition Change HALE STREET ACCURESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the examption 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 cath; 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 ampowered.

WITED MAKE OF BUSINESS OFFICER OR DESECTOR

SIGNATURE:

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C0074018

Engleman Enterprises, Inc. 5109 Vinson Drive Tampa, Florida 33610 (813)927-6090

July 19, 2001

Division of Corporations P.O. Box-1500 Tallahassee, Florida 32302-1500

Re: FEI-59-3195177

To Whom It May Concern:

I am writing to you today because it was brought to my attention that I did not file my renewal of the above corporation on time. Upon review of the online records I discovered that the address was incorrect. It should have been as listed above, therefore, I did not receive any of the notices sent by your office.

I spoke to Carol in your office on July 18, 2001 and she instructed me to download the form and remit it, along with this letter of explanation and the fee of \$150.00, to your office.

Please contact Karen Hart if you have any questions regarding this situation. She can be reached at (813)752-1086 or on her cell phone at (813)727-6600.

Thank you for your understanding in this matter,

Sincerely,

Mark D. Engleman

President