

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90858 005 \*\*\*150.00

DOCUMENT # P00000026717  
1. Entity Name  
Engelman Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

B0057246

2. Principal Place of Business  
5109 Vinson Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
5109 Vinson Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa, FL  
Zip  
33610  
Country  
USA

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33610  
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4. FEI Number  
59-3195177  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Mark D. Engelman  
Street Address (P.O. Box Number is Not Acceptable)  
5109 Vinson Dr.  
City  
Tampa FL Zip Code  
33610

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 \_\_\_\_\_ (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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark D. Engelman 5109 Vinson Dr. Tampa, FL 33610
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

(813)248-1577

Daytime Phone #

CR2E034B (12/01)