

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90003 037 \*\*\*150.00

0008719 AV

**DOCUMENT # P00000055632**

1. Entity Name

**SAMUEL F. ENGS, INC.**

Principal Place of Business

Mailing Address

**317 WEST LAKEVIEW AVENUE  
 LAKE MARY FL 32746**

**317 WEST LAKEVIEW AVENUE  
 LAKE MARY FL 32746**

2. Principal Place of Business

**317 W. LAKEVIEW AVE**

3. Mailing Address

**317 W. LAKEVIEW AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NA**

**NA**

City & State

City & State

**LAKE MARY, FL.**

**LAKE MARY, FL.**

Zip

Country

Zip

Country

**32746**

**SEMINOLE**

**32746**

**SEMINOLE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name

**N/A**

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

**N/A**

City

**N/A**

FL

Zip Code

**N/A**

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

**N/A**

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

(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) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ENGS, SAMUEL F 317 WEST LAKEVIEW AVENUE LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SAMUEL F. ENGS, INC.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/01 407-330-4194**  
 Date Daytime Phone #

CR2E034 (5/01)

July 9, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida  
32302-1500

Attachment  
# P000000055632

C0073464

Dear Sirs:

My Sub-Chapter S Corporation was incorporated on June 9, 2000 as Samuel F. Engs, Inc. I am the sole stockholder.

Last week I received a "2001 Uniform Business Report". This was the first time that I had seen the form. I called my Registered Agent, but as of this writing, have been unable to make contact with them. I called my bookkeeper. He said, "Oh I hope that it is not the second notice!" I told him I didn't know if it was or not.

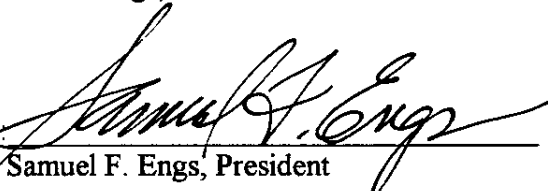
After more conversation it was determined that it was, in fact a second notice. He apologized for the "oversight" and advised me to call the Florida Department of State, Division of Corporations. I did so on July 6<sup>th</sup> and spoke with a very helpful person who advised me to mail in the form with my Companies' check in the amount of \$150.00 along with an explanation for the delay in filing.

I am an individual owner. My business is to install grab bars and ramps for the disabled. I am 61 years of age. I left the practice of nursing last June. The twelve-hour shifts proved increasing more difficult over the past few years. I have been totally unaware of my requirement to file a Uniform Business Report, and I would not knowingly incur a \$400.00 late penalty; especially considering that my corporate earnings for the year 2000 were less than \$2800.00.

I humbly request that the Department of State accept this report and forgive the late fee with the understanding that it shall not happen again.

Respectfully submitted,  
Samuel F. Engs, Inc.

By

  
Samuel F. Engs, President