

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055632

1. Entity Name  
SAMUEL F. ENGS, INC.

Principal Place of Business  
317 WEST LAKEVIEW AVENUE  
LAKE MARY FL 32746

Mailing Address  
317 WEST LAKEVIEW AVENUE  
LAKE MARY FL 32746

2. Principal Place of Business  
SAME AS ABOVE  
Suite, Apt. #, etc.

3. Mailing Address  
SAME AS ABOVE  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3652139

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name Same  
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE PSTD  
NAME ENGS, SAMUEL F  
STREET ADDRESS 317 WEST LAKEVIEW AVENUE  
CITY-ST-ZIP LAKE MARY FL 32746

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: SAMUEL F. ENGS Date 01/03/02 Daytime Phone # 407-330-4494

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90022 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)