

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90107 033 ***150.00

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DOCUMENT # P02000112447

1. Entity Name
ENGINEERING SALES INC.



Principal Place of Business
**1982 STATE ROAD 44
112
NEW SMYRNA BEACH FL 32168**

Mailing Address
**1982 STATE ROAD 44
112
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3658392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LENT, ROBERT
4493 S. ATLANTIC AVE
#501
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name **LENT, ROBERT**
Street Address (P.O. Box Number is Not Acceptable)
638 YUPON ST.
City **NEW SMYRNA BEACH FL** Zip Code **32169**

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 **Robert W. LENT, ROBERT W. LENT, DIRECTOR** 8/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	ROBERT W. LENT
CITY-ST-ZIP	638 YUPON ST NEW SMYRNA BEACH, FL 32169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: **Robert W. LENT, ROBERT W. LENT, DIRECTOR** 8/18/03 386-428-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **8186**

CR2E034 (4/03)

Attachment

8046017
P02000112447

Engineering Sales, Inc
1982 State Road 44, Suite 112
New Smyrna Beach, Florida 32168
Ph (386) 428-8186, Fax (386) 426-5917, Cellular 407-687-6568
email:rlent@attglobal.net

8/18/03

Divisions of Corporations

My corporation did not receive a prior notice for filing fee. Therefore, I request that the late fee be waived. I am submitting the original filing fee of \$150.00.

Regards
Robert W. Lent
Director

Robert W. Lent