

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90553 027 ***150.00

DOCUMENT # P93000040322

1. Entity Name
F.B. ENGELHARDT & CO., INC.

Principal Place of Business
~~7209 PROMENADE DR~~
~~SUITE D-601~~
~~BOCA RATON FL 33433~~
~~US~~

Mailing Address
~~7209 PROMENADE DR~~
~~SUITE D-601~~
~~BOCA RATON FL 33433~~
~~US~~

2. Principal Place of Business

Mailing Address

150 E. Palmetto Park Rd.
 Suite, Apt. # etc. **518**

Same
 Suite, Apt. # etc. **518**

City & State
BOCA RATON

City & State
BOCA RATON, FL

Zip **33432** Country **USA**

Zip **33432** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0446661** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ENGELHARDT, F. B
7209 PROMENADE DRIVE
SUITE D601
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **F.B. ENGELHARDT**
 Street Address (P.O. Box Number is Not Acceptable)
150 E. PALMETTO PARK RD.
 City **BOCA RATON** FL **33432**

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 *[Signature]* DATE **4/23/02**
 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 NAME STREET ADDRESS CITY-ST-ZIP	D ENGELHARDT, FORMAN B 7209 PROMENADE DR BOCA RATON FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 E. Palmetto Park Rd. BOCA RATON, FL 33432	<input checked="" 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
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 life empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **561**
 Date Daytime Phone # **367-4018**

CR2E034 (9/01)