2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90771 012 ***150.00

DOCUMENT # P93000086521

1. Entity Name

Engel's Property Management, Inc.

Principal Place of Business	Mailing Address
621 East Cape Coral Pkwy. Cape Coral, FL 33904 USA	621 East Cape Coral Pkwy. Cape Coral, FL 33904 USA

14018289

2. Principal Place of Business	3. Mailing Address
2926 SW Santa Barb. Pl.	2926 SW Santa Barb. Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral Fl. 33914	City & State: Cape Coral Fl. 33914
Zip: 33914 Country	Zip: 33914 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0457048 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Engel, Inge 2926 SW Santa Barbara Place Cape Coral, FL 33914	Name 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Engel, Wilhelm 2926 SW Santa Barbara Place Cape Coral, FL 33914 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Engel, Loreen 2926 SW Santa Barbara Place Cape Coral, FL 33914 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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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, changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: Inge Engel Inge Engel 04-28-04 Inge 574-4855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #