

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052939

1. Entity Name

DETAILERS DEPOT, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90027 020 \*\*\*158.75

Principal Place of Business

511 EAST PROSPECT ROAD  
FORT LAUDERDALE FL 33334

Mailing Address

511 EAST PROSPECT ROAD  
FORT LAUDERDALE FL 33334-3117

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0672497

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

7. Name and Address of New Registered Agent

ENGSKOW, J. BYRON  
2322 SOUTH CYPRESS BEND DRIVE  
APARTMENT D 707  
POMPANO BEACH FL 33060

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

Signature, typed or printed name of registered agent and new registered agent (if different) (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 \$150.00**  
**After MAY 1, 2000 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 P  
NAME ENGSKOW, J BYRON  
STREET ADDRESS 2322 SOUTH CYPRESS BEND DR  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VICE PRESIDENT  
NAME JOHN CAMERON ENGSKOW  
STREET ADDRESS 511 E. PROSPECT RD.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECY-TREAS.  
NAME ENGSKOW, JOHN  
STREET ADDRESS 2322 CYPRESS BEND DR. SOUTH (D-1)  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)