2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DCCUMENT # P96000052939 1. Entity Name DETAILERS DEPOT. INC. 05-10-2001 90051 043 ***150.00 Principal Place of Business Mailing Address 511 EAST PROSPECT ROAD 511 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0672497 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 8. The above named entity submits this statement for the purpose of changing its the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00 ☐ Delete TITLE ENGSKOW, J BYRON NAME NAME STREET ADDRESS 2322 SOUTH CYPRESS BEND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE ☐ Delete TITLE ENGSROW, JOHN C NAME NAME STREET ADDRESS STREET ADDRESS 511 E. PROSPE CT RD CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE ☐ Delete TITLE Addition ENGSKOW, JOAN 2709 Oak Tree [NAME NAME STREET ADDRESS STREET ADDRESS 2322 CYPRESS BEND DR. SOUTH CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP 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 trustee empowered to execute this report a an address, with all other the empowered quired by Chapter 607, Florida Statutes; and that my name

SANING OFFICER OR DIRECTOR

URE AND TYPED OR PRINTED NAME OF