

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90053 003 ***150.00

DOCUMENT # P96000081995

1. Entity Name
ENG GADGETS, INCORPORATED

Principal Place of Business

**86 HURON AVE.
TAMPA FL 33606**

Mailing Address

**86 HURON AVE.
TAMPA FL 33606**

2. Principal Place of Business

120 S. Howard Ave

Suite, Apt. #, etc.

3. Mailing Address

120 S. Howard Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip Country
33606 USA

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

**LAWSON, MONICA Z
2403 STATE ST
TAMPA FL 33609**

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 title if applicable.

(NOTE: Registered Agent 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, 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 ☐ Delete
NAME **PD**
STREET ADDRESS **COOK, JEFFREY G**
CITY-ST-ZIP **86 HURON AVE.
TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **COOK, ROXANNE N**
CITY-ST-ZIP **86 HURON AVE
TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARRIS, JOSH**
CITY-ST-ZIP **1049 SYLVIA LANE
TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOONE-CRANDALL, DEE A**
CITY-ST-ZIP **2809 STRAND LOOP COURT
OVIEDO FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY G. COOK 4/10/01 (813) 253 5332

CR2E034 (10/00)