

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90088 010 ***150.00

042741 AV

DOCUMENT # P96000081995

1. Entity Name
ENG GADGETS, INCORPORATED

Principal Place of Business
 120 S HOWARD AVENUE
 TAMPA FL 33606

Mailing Address
 120 S HOWARD AVENUE
 TAMPA FL 33606

80060052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3910 S. MacDill Ave
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 1452
 Suite, Apt. #, etc.

City & State
 Tampa FL

City & State
 Tampa FL

Zip
 33611

Country
 USA

Zip
 33601

Country
 USA

4. FEI Number
 NOT APPLICABLE

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	COOK, JEFFREY G	
STREET ADDRESS	86 HURON AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	☐ Delete
NAME	COOK, ROXANNE N	
STREET ADDRESS	86 HURON AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	☐ Delete
NAME	HARRIS, JOSH	
STREET ADDRESS	1049 SYLVIA LANE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	☐ Delete
NAME	BOONE-CRANDALL, DEE A	
STREET ADDRESS	2809 STRAND LOOP COURT	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: *Jeffrey G Cook*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 813-837-2980

Date Daytime Phone #

CR2E034 (9/01)