

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089985

1. Entity Name
ENGELHARDT BUSINESS SERVICES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90049 029 ***150.00

Principal Place of Business 15870 SANCTUARY DRIVE TAMPA FL 33647 US	Mailing Address 15870 SANCTUARY DRIVE TAMPA FL 34109-3505 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4680 ST. CROIX LANE Suite, Apt. #, etc. 537 City & State NAPLES, FL Zip 34109 Country USA	3. Mailing Address 4680 ST. CROIX LANE Suite, Apt. #, etc. 537 City & State NAPLES, FL Zip 34109 Country USA
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4. FEI Number 65-0888772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ENGELHARDT, PAT F
~~15870 SANCTUARY DRIVE~~
~~TAMPA FL 33647~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers Not Acceptable)
4680 ST. CROIX LANE,
#537
 City
NAPLES FL 34109

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 _____ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ENGELHARDT, PAT F 15870 SANCTUARY DRIVE TAMPA FL 33647 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4680 ST. CROIX LANE, #537 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PAT F ENGELHARDT** **REQUIRED** **JAN. 11, 2000** **941-594-5854**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)