

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90737 028 \*\*\*150.00

DOCUMENT # **P99000017523**

1. Entity Name

ENGLERT MACHINE & DESIGN, INC.



**DO NOT WRITE IN THIS SPACE**

**70040223**

2. Principal Place of Business

1021 S. Rogers Circle #4

3. Mailing Address

1021 S. Rogers Circle

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

Suite #4

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0899605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ronald L. Siegel, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1800 Corporate Blvd. NW Ste. 302

City

Boca Raton,

**FL**

Zip Code

33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

Frank R. Englert

STREET ADDRESS

13 Inlet Cay Drive

CITY-ST-ZIP

Boynton Beach, FL 33435

TITLE

D

NAME

Patricia P. Englert

STREET ADDRESS

13 Inlet Cay Drive

CITY-ST-ZIP

Boynton Beach, FL 33435

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia P. Englert

April 1, 2003

Date

561-241-9924

Daytime Phone #

CR2E034B (12/02)