

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038628

1. Entity Name

ENCON INTERNATIONAL, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90074 007 ***150.00

Principal Place of Business

1407 EAST ROBINSON STREET
ORLANDO FL 32801-2118

Mailing Address

1407 EAST ROBINSON STREET
ORLANDO FL 32801-2118

2. Principal Place of Business

401 Commerce Way

Suite, Apt. #, etc.

Suite # 109

City & State

Longwood, Florida

Zip
32750

Country
USA

3. Mailing Address

401 Commerce Way

Suite, Apt. #, etc.

Suite # 109

City & State

Longwood, Florida

Zip
32750

Country
USA

4. FEI Number

59-3571911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILLITS, CHARLES W
1407 EAST ROBINSON STREET
ORLANDO FL 32801-2118

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

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, 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	Chairman & C.E.O.	<input type="checkbox"/> Delete
NAME	John W. Priest	
STREET ADDRESS	401 Commerce Way # 109	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Charles W. Willits	
STREET ADDRESS	1407 East Robinson Street	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Leonard S. Chaikind	
STREET ADDRESS	2600 South Gessner, Suite 506	
CITY-ST-ZIP	Houston, TX 77063	
TITLE	Director	<input type="checkbox"/> Delete
NAME	James H. Copeland, III	
STREET ADDRESS	4212 Grant Blvd.	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John W. Priest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 28, 2000 (407) 331-1493

Date

Daytime Phone #

CR2E034 (9/99)