

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067416

1. Entity Name

EANGLER, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90156 013 ***150.00

Principal Place of Business

Mailing Address

501 FALKENBURG RD. SOUTH. STE. D23
TAMPA FL 33619

501 FALKENBURG RD. SOUTH. STE. D23
TAMPA FL 33619-8037

2. Principal Place of Business

3821 Henderson Blvd

3. Mailing Address

3821 Henderson Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-3591068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, MICHAEL B

501 FALKENBURG RD. SOUTH, STE. D23
TAMPA FL 33619

Name

Michael B. Davis

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

3821 Henderson Blvd.

City

Tampa

FL

Zip Code

33629

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DAVIS, MICHAEL B
STREET ADDRESS 3915 KRISTIN PLACE
CITY-ST-ZIP VALRICO FL 33594

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Osek, Eric
CITY-ST-ZIP 2909 Bayshore Ct.
Tampa, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Gauthier, Mark
CITY-ST-ZIP 3105 W. Chapin Ave.
Tampa, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Pallot, Flip
CITY-ST-ZIP 5480 Canalsback Drive
Mims, Florida 32754

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:

Michael B. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00
Date

(813) 639-9636
Daytime Phone #

CR2E034 (9/99)