

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90094 029 ***550.00

80133121



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000067416

1. Entity Name
EANGLER, INC.

Principal Place of Business
3821 HENDERSON BLVD
TAMPA FL 33629

Mailing Address
3821 HENDERSON BLVD
TAMPA FL 33629

2. Principal Place of Business

8401 BENJAMIN RD.

3. Mailing Address

8401 BENJAMIN RD.

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

4. FEI Number

59-3591068

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MICHAEL B
3821 HENDERSON BLVD
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name **MICHAEL B. DAVIS**

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

8401 BENJAMIN RD - SUITE A

City **TAMPA**

FL

Zip Code **33634**

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 **Michael B. Davis, Michael B. Davis, CEO**

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

(NOTE: Registered Agent signature required when reinstating)

7/3/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **DAVIS, MICHAEL B**
STREET ADDRESS **3915 KRISTIN PLACE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ Delete
NAME **FERNANDEZ, MANNY**
STREET ADDRESS **12600 GATEWAY BLVD**
CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE **D** ☐ Delete
NAME **BEACH, BRIAN**
STREET ADDRESS **12600 GATEWAY BLVD**
CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE **D** ☒ Delete
NAME **PALLOT, FLIP**
STREET ADDRESS **5480 CANVASBACK DRIVE**
CITY-ST-ZIP **MIMS FL 32754**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Jim Dawson**
CITY-ST-ZIP **20521 E. 77 St.**
Broken Arrow, OK 74014

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, Michael B. Davis, CEO** **7/3/02** **(813) 639-9636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)