

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52568

1. Entity Name

F.L.E. II, INC.

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

04-21-2000 90138 037 ***150.00

Principal Place of Business

Mailing Address

3618 WEBBER ST
STE. 112
SARASOTA FL 34232

3618 WEBBER ST
STE. 112
SARASOTA FL 34232-4430

00000013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4370 SO TAMIAHI TRAIL
Suite Apt. #, etc.
246

4370 SO TAMIAHI TRAIL
Suite Apt. #, etc.
246

City & State

City & State

SARASOTA, FL
Zip 34231 Country SARASOTA

SARASOTA, FL
Zip 34231 Country SARASOTA

4. FEI Number 65-0262101

Applied For

Not Applicable

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

ENGELS, FREDERICK L., II

~~3618 WEBBER ST~~ 4370 SO. TAMIAHI TR
~~SARASOTA FL 34232~~ STE 246
SARASOTA, FL 34231

Name

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

4370 SO. TAMIAHI TRAIL
SUITE 246

City SARASOTA

FL

Zip Code 34231

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ~~3618 WEBBER ST~~ 4370 SO. TAMIAHI TRAIL
CITY-ST-ZIP SARASOTA FL SUITE 246

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)