

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 8:00 am  
Secretary of State**

03-27-2001 90062 003 \*\*\*150.00

**DOCUMENT # S59769**

1. Entity Name

**ENGWILLER, INC.**

Principal Place of Business

**5425 39 STREET, EAST  
BRADENTON FL 34203  
US**

Mailing Address

**5627 39TH STREET EAST  
BRADENTON FL 34203  
US**

2. Principal Place of Business

**4009 NW 1<sup>st</sup> Place**

Suite, Apt. #, etc.

**Deerfield Bch, FL**

City &amp; State

3. Mailing Address

**4009 NW 1<sup>st</sup> PLACE**

Suite, Apt. #, etc.

**Deerfield Bch FL**

City &amp; State

Zip  
**33442**Country  
**US**Zip  
**33442**Country  
**US**4. FEI Number **65-0269471**

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

**ENGWILLER, JOHN D SR  
5627 39TH STREET EAST  
BRADENTON FL 34203**Name **DAVID M ENGWILLER**

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

**4009 NW 1<sup>st</sup> PLACE**City **Deerfield Bch****FL**Zip Code  
**33442**

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

*David M Engwiler*

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

(NOTE: Registered Agent signature required when reinstating)

**3/11/01**

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, 2001 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ENGWILLER, JOHN D., SR.</b>	
STREET ADDRESS	<b>5627 39TH STREET EAST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ENGWILLER, BEVERLY</b>	
STREET ADDRESS	<b>5627 39TH STREET EAST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>BM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ENGWILLER, DAVID</b>	
STREET ADDRESS	<b>4009 NW 1ST PLACE</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>BM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMMETT, BRENDA LEE</b>	
STREET ADDRESS	<b>255 NW 36TH AVE</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>BM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ENGWILLER, JOHN D JR</b>	
STREET ADDRESS	<b>3802 NW 1ST DRIVE</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David m Engwiler</b>	
STREET ADDRESS	<b>4009 NW 1<sup>st</sup> PLACE</b>	
CITY-ST-ZIP	<b>Deerfield Bch, FL 33442</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tamera A Engwiler</b>	
STREET ADDRESS	<b>4009 NW 1<sup>st</sup> PLACE</b>	
CITY-ST-ZIP	<b>Deerfield Bch, FL 33442</b>	
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
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:

*David M Engwiler* **DAVID M ENGWILLER** **3/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)