

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S59769**

1. Entity Name
ENGWILLER, INC.

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 021 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1381 S.W. 28th AVE
Suite, Apt. #, etc.

3. Mailing Address

1381 S.W. 28th AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton BCH FL

City & State

Boynton Bch

4. FEI Number

65-0269471

Applied For

☐ Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN D. ENGWILLER SR

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

1381 S.W. 28th AVE

City

BOYNTON BCH

FL

Zip Code

33426

6. 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

John D. Engwiller Sr
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

42402

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	ENGWILLER, JOHN D. SR.
STREET ADDRESS	1381 S.W. 28th AVE
CITY - ST - ZIP	BOYNTON BCH FL 33426
TITLE	S
NAME	ENGWILLER, BEVERLY
STREET ADDRESS	1381 S.W. 28th AVE
CITY - ST - ZIP	BOYNTON BCH FL 33426
TITLE	BM
NAME	ENGWILLER, JOHN D. JR.
STREET ADDRESS	3802 NW 1st DR
CITY - ST - ZIP	DEERFIELD BCH FL 33442
TITLE	BM
NAME	ENGWILLER, DAVID
STREET ADDRESS	4009 NW 1st PLACE
CITY - ST - ZIP	DEERFIELD BCH FL 33442
TITLE	BM
NAME	ENGWILLER, BRENDA
STREET ADDRESS	915 NE 10th AVE
CITY - ST - ZIP	POMPANO BCH FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John D. Engwiller Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

561-740-7985

Daytime Phone #