

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90234 011 ***150.00

0394411 AV

DOCUMENT # S59769

1. Entity Name
ENGWILLER, INC.



Principal Place of Business
1381 SW 28TH AVE
BOYNTON BEACH FL 33426
US

Mailing Address
1381 SW 28TH AVE
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0269471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

20033890



6. Name and Address of Current Registered Agent

ENGWILLER, DAVID M
1381 SW 28TH AVE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 David M. Engwiler

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

(NOTE: Registered Agent signature required when reinstating)

4-21-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ENGWILLER, DAVID M**
STREET ADDRESS **1381 SW 28TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **S** ☐ Delete
NAME **ENGWILLER, BEVERLY**
STREET ADDRESS **1381 SW 28TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **BM** ☐ Delete
NAME **ENGWILLER, JOHN D JR**
STREET ADDRESS **3802 NW 1ST DR**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **BM** ☐ Delete
NAME **ENGWILLER, DAVID**
STREET ADDRESS **4009 NW 1ST PLACE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **BM** ☐ Delete
NAME **ENGWILLER, BRENDA**
STREET ADDRESS **915 NE 10TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 **Bm Engwiler, David**
STREET ADDRESS **1381 SW 28 Ave**
CITY-ST-ZIP **Boynton Bch, FL 33426**

TITLE ☒ Change ☐ Addition
NAME **Bm Engwiler, Brenda**
STREET ADDRESS **6800 NW 39th Ave # 274**
CITY-ST-ZIP **Colonut Creek, FL 33073**

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

12. 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 10 or Block 11 if changed, or on an addition with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 561-740-7985

Date

Daytime Phone #

CR2E034 (10/02)