

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90112 033 ***150.00

CR2E034 (10/02)

DOCUMENT # K93330

1. Entity Name
PEDIGREE INVESTMENTS, INC.



Principal Place of Business
711 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33312

Mailing Address
711 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33312

2. Principal Place of Business
809 NW 1st St
Suite, Apt. #, etc.

3. Mailing Address
809 NW 1st St
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale
FL 33311 **Country**
USA

City & State
Fort Lauderdale
FL 33311 **Country**
USA

4. FEI Number **65-0147836**

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

BRISLAND, ROBIN
711 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312

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 _____ (NOTE: Registered Agent signature required when reinstating) **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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRISLAND, ROBIN 711 W. BROWARD BLVD. FT. LAUDERDALE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRISLAND, MARIELOUISE C. 711 W. BROWARD BLVD. FT. LAUDERDALE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **ROBIN BRISLAND**

04/24/03 **954-760-6664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**