

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M45742

1. Entity Name

POMPANO MOTOR COMPANY

Principal Place of Business

Mailing Address

855 S. FEDERAL HWY  
POMPANO BEACH FL 33062

855 S. FEDERAL HWY  
POMPANO BEACH FL 33062

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 59-2771699

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

ACCARDI, EDMOND  
855 S. FEDERAL HWY  
POMPANO BEACH FL 33062

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.

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, 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

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> Delete |
| NAME           | ACCARDI, EDMUND    |                                 |
| STREET ADDRESS | 855 S. FEDERAL HWY |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL   |                                 |
| TITLE          | VS                 | <input type="checkbox"/> Delete |
| NAME           | ACCARDI JOSEPH     |                                 |
| STREET ADDRESS | 855 S. FEDERAL HWY |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL   |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |                                                                              |
|----------------|--------------------|------------------------------------------------------------------------------|
| 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          | STEVE MILROT       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 855 S. FEDERAL HWY |                                                                              |
| STREET ADDRESS | POMPANO BEACH, FL  |                                                                              |
| CITY-ST-ZIP    | 33062              |                                                                              |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDMUND ACCARDI

Date

1/3/01

Daytime Phone #

(904) 84-3355

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90099 026 \*\*\*150.00

C0006375



DO NOT WRITE IN THIS SPACE

0124855

CR2E034 (10/00)