

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17786

1. Entity Name

POMPANO PROUD, INC.

**FILED**  
Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90007 007 \*\*\*\*\*61.25

Principal Place of Business

P.O. BOX 78  
POMPANO BEACH FL 33061  
US

Mailing Address

P.O. BOX 78  
POMPANO BEACH FL 33061  
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

59-2767171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROWE, BARBARA  
3781 NE 16 TERR  
POMPANO BEACH FL 33064

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MCGINN, KAY  
STREET ADDRESS 2480 S.E. 5TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE PD  
NAME BARTZ, BARBARA  
STREET ADDRESS 600 NE 24 AVE  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE SD  
NAME MCKENZIE, RICK  
STREET ADDRESS 600 NE 24 AVE  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE TD  
NAME ROWE, BARBARA  
STREET ADDRESS 3781 NE 16TH TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE VD  
NAME ALLEN, LISA  
STREET ADDRESS 405 NE 5TH AVE  
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

TITLE D  
NAME ANDERSON, NANCY  
STREET ADDRESS 1250 NE 27TH AVE  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 617, 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: *Barbara Rowe* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11/02 954-785-7444

Date Daytime Phone #

CR2E037 (9/01)