

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90010 013 ***158.75

DOCUMENT # 338353

1. Entity Name
ROEPNACK CORPORATION

Principal Place of Business
400 E ATLANTIC BLVD
POMPANO BEACH FL 33060

Mailing Address
400 E ATLANTIC BLVD
POMPANO BEACH FL 33060



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1229240**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROEPNACK, DAVID H
8972 NW 23RD STREET
CORAL SPRINGS FL 33055-5656

Name

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

5313 NW 89th DRIVE

City

CORAL SPRINGS

FL

Zip Code
33067

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 *David H. Roepnack* **DAVID H. ROEPNACK** **3/14/02**
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **ROEPNACK, DAVID H.**
STREET ADDRESS **8972 NW 23RD STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33055-5656**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **5313 NW 89th DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FLA. 33067**

TITLE **S** ☐ Delete
NAME **STEINMETZ, WILLIAM G.**
STREET ADDRESS **270 S.E. 8TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

TITLE **COTD** ☐ Delete
NAME **ROEPNACK, ROBERT A**
STREET ADDRESS **115 WHITE SANDS DRIVE**
CITY-ST-ZIP **CARY NC 27513 27513**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **CARY, NC 27513**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: *David H. Roepnack* **DAVID H. ROEPNACK** **3/14/02** **954-781-2120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)