

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90085 005 \*\*\*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

**3195 N. POWERLINE ROAD**

3. Mailing Address

**3195 N. POWERLINE ROAD**

Suite, Apt. #, etc.

**100**

Suite, Apt. #, etc.

**100**

City & State

**POMPANO BEACH, FLA**

City & State

**POMPANO BEACH, FLA.**

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1229240**

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROEPNACK, DAVID H  
5313 NW 89TH DRIVE  
CORAL SPRINGS FL 33067**

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

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

(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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ROEPNACK, DAVID H.	
STREET ADDRESS	5313 NW 89TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEINMETZ, WILLIAM G.	
STREET ADDRESS	270 S.E. 8TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	COTD	<input type="checkbox"/> Delete
NAME	ROEPNACK, ROBERT A	
STREET ADDRESS	115 WHITE SANDS DRIVE	
CITY-ST-ZIP	CARY NC 27513	
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		

11. 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEPNACK, ROBERT A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRADFORD	
STREET ADDRESS	1009 MANGO ISLE	
CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33315	
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		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/03 954-691-2400**

Date

Daytime Phone #

CR2E034 (10/02)