

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90062 041 ***150.00

1-20122 AV

DOCUMENT # 341109

1. Entity Name
FAMOUS INDUSTRIES INC



Principal Place of Business
**5450 LAKE WORTH ROAD
PO BOX 511
LAKE WORTH FL 33460**

Mailing Address
**5450 LAKE WORTH ROAD
PO BOX 511
LAKE WORTH FL 33460**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1231827**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BURNS, JOHN L.
325 THIRD STREET
WEST PALM BEACH FL 33401**

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 **VP** ☐ Delete
NAME **BROZ, SOPHIA**
STREET ADDRESS **22 HARBOR DR**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **P** ☐ Delete
NAME **BROZ, EDWARD SR**
STREET ADDRESS **22 HARBOR DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **T** ☐ Delete
NAME **BROZ, EDWARD JR.**
STREET ADDRESS **3787 WRY RD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **S** ☐ Delete
NAME **HICKS, BARBARA BROZ**
STREET ADDRESS **4455 CONSTANTINE CR**
CITY-ST-ZIP **GREENACRES FL**

TITLE **D** ☐ Delete
NAME **BROZ, JEROME**
STREET ADDRESS **9778 NICKELS BLVD APT 505**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D** ☐ Delete
NAME **DELSANTO, CATHERINE**
STREET ADDRESS **3844 CORRIGAN CT.**
CITY-ST-ZIP **LAKE WORTH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-03

561-968-4111

CR2E034 (10/02)