

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90015 041 \*\*\*150.00

**DOCUMENT # 346575**

1. Entity Name  
**J. M. PONTIAC, INC.**

Principal Place of Business  
**100 NW 12 AVENUE  
 DEERFIELD BEACH FL 33442  
 US**

Mailing Address  
**111 NW 12TH AVE  
 LEGAL DEPT. JMDF 018  
 DEERFIELD BEACH FL 33442  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1288289**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	OP BROWN, COLIN W 100 NW 12TH AVE DEERFIELD BCH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP CZUBAY, KENNETH M 100 NW 12TH AVE DEERFIELD BCH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC WARD, TAUOR L III 100 NW 12TH AVE DEERFIELD BCH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT OSSENBECK, PATRICK C 100 NW 12 AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS WHELAN, JOHN J 100 NW 12 AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OAS SNEAD, CAREN J 100 NW 12 AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, COLIN W. 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CZUBAY, KENNETH M 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC WARD, L. TAYLOR III 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSSENBECK, PATRICK C 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 WHELAN, JOHN J 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SNEAD, CAREN J. 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*John J. Whelan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date *01/24/02* Daytime Phone # *9544204617*

CR2E034 (9/01)

Attachment  
DOC# 346575 /  
501648

**J.M. PONTIAC, INC.  
OFFICERS AND DIRECTORS**

**Federal ID #: 59-1288289**

**Directors**

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Patricia G. Moran  
Kenneth M. Czubay  
Gary L. Thomas

**Officers**

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**Title**

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Colin W. Brown	President
Kenneth M. Czubay	Vice President
L. Taylor Ward, III	Vice President & General Counsel
Patrick C. Ossenbeck	Treasurer
John J. Whelan	Secretary
Caren J. Snead	Assistant Secretary

**ADDRESS OF OFFICERS AND DIRECTORS**

100 NW 12 Avenue  
Deerfield Beach, Florida 33442