

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0413262 AV

**DOCUMENT # 346575**

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



04-28-2003 90227 022 \*\*\*150.00

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**



2. Principal Place of Business  
**100 JIM MORAN BLVD.**

3. Mailing Address  
**100 JIM MORAN BLVD.  
MAIL DROP JIMDF 018**

City & State  
**DEERFIELD BEACH FL**  
Zip  
**33442** Country  
**USA**

City & State  
**DEERFIELD BEACH FL**  
Zip  
**33442** Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1288289**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:** *John J. Whelan* **SECRETARY** **04/24/03** **954-4204617**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)