

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90321 018 ***150.00

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DOCUMENT # 391929

1. Entity Name
BROWARD REMOVAL SERVICE INC



Principal Place of Business
1531 SW 7 AVE
POMPANO BEACH FL 33060
US

Mailing Address
P.O. BOX 10997
POMPANO BEACH FL 33061-3997



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0074768**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINKAMP, TIMOTHY L.
9927 SW VENTURA DRIVE
PALM CITY FL 34990

Name **Timothy L. Steinkamp**

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

2612 NE 26 St.

City **Lighthouse Point**

FL

Zip Code **33064**

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

3-19-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VST** ☐ Delete
NAME **STEINKAMP, PATRICIA D**
STREET ADDRESS **9927 SW VENTURA DRIVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **Patricia D. Steinkamp VST** ☒ Change ☐ Addition
NAME **2612 NE 26 St**
STREET ADDRESS **Lighthouse Point, FL 33064**
CITY-ST-ZIP **33064**

TITLE **PD** ☐ Delete
NAME **STEINKAMP, TIMOTHY L**
STREET ADDRESS **9927 SW VENTURA DRIVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **Timothy L. Steinkamp PD** ☒ Change ☐ Addition
NAME **2612 NE 26 St**
STREET ADDRESS **Lighthouse Point, FL 33064**
CITY-ST-ZIP **33064**

TITLE **V** ☐ Delete
NAME **STEINKAMP, THOMAS P**
STREET ADDRESS **680 NE 8ST**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03

Date

Daytime Phone #

CR2E034 (1/0/02)