

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90076 001 \*\*\*150.00

**DOCUMENT # 452423**

1. Entity Name

**OUR WAREHOUSE, INC.**

Principal Place of Business

2745 E ATLANTIC BLVD  
 SUITE 200  
 POMPANO BEACH FL 33062  
 US

Mailing Address

2745 EAST ATLANTIC BLVD  
 SUITE 200  
 POMPANO BEACH FL 33062-4945  
 US

2. Principal Place of Business

2749 E Atlantic blvd  
 Suite, Apt. #, etc.

3. Mailing Address

2749 E. Atlantic blvd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano beach FL

City & State

Pompano beach FL

4. FEI Number

59-1595125

Applied For

Not Applicable

Zip

33062

Country

US

Zip

33062

Country

US

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WHITE, RANDOLPH G  
 8560 SHAW WAY  
 SUITE 300  
 BOCA RATON FL 33433

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.

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, 2000 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	WALDRON, SUZETTE	
STREET ADDRESS	2745 E ATLANTIC BLVD #200	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, FRANCES	
STREET ADDRESS	2745 E ATLANTIC BLVD #200	
CITY-ST-ZIP	POMPANO BCH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2749 E. Atlantic blvd
CITY-ST-ZIP	Pompano beach FL 33062
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2749 E. Atlantic blvd
CITY-ST-ZIP	Pompano beach FL 33062
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Suzette Waldron SUZETTE Waldron 4.25.00 954.941-1888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)