

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595992

1. Entity Name

PEDERSON & TRASK, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90013 037 ***158.75

Principal Place of Business

5130
4900 N FEDERAL HWY, #10
FORT LAUDERDALE
FLORIDA
US 33308

Mailing Address

5130
4900 N FEDERAL HWY, #10
FORT LAUDERDALE
FLORIDA 33308
US

80005364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5130 N. Federal Hwy

Suite, Apt. #, etc.

Suite 10

City & State

Fort Lauderdale FL

Zip

33308

Country

USA

3. Mailing Address

5130 N. Federal Hwy

Suite, Apt. #, etc.

Suite 10

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

4. FEI Number

59-1873235

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDERSON, DAVID A.
1300 S.W. 19TH AVE.
BOCA RATON FL 33486

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 PD
NAME PEDERSON, DAVID A.
STREET ADDRESS 1300 S.W. 19TH AVE.
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ST
NAME TRASK, GEORGE A.
STREET ADDRESS 3130 D.C. LAKESHORE DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE VPD
NAME TRASK, GEORGE A.
STREET ADDRESS 3130 D.C. LAKESHORE DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A. Trask

Secretary

Date

Daytime Phone #

1-14-00 954-772-2003

CR2E034 (9/99)