

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708414

1. Entity Name

POMPAÑO K OF C, INC.

Principal Place of Business

2025 N.E. 49TH. STREET
POMPAÑO BEACH FL 33064-5758

Mailing Address

2025 N.E. 49TH. STREET
POMPAÑO BEACH FL 33064-5758

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

59-1232973

Applied For

Not Applicable

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

Name Donald W. Tomlin

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

1255 NW 44 st.

City Pompano Beach

FL

Zip Code 33064-1128

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME DV
STREET ADDRESS PELKER, EUGENE
CITY-ST-ZIP 4052 NW 1ST PLACE
DEERFIELD BCH FL

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

TITLE
NAME VD
STREET ADDRESS MILLER, THOMAS
CITY-ST-ZIP 408 HIBISCUS DR
DEERFIELD BCH FL 33442

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

TITLE
NAME SD
STREET ADDRESS ~~CURSON, VIK~~
CITY-ST-ZIP ~~1304 SE 2ND AVE~~
~~DEERFIELD BCH FL~~

TITLE
NAME Pavia, Prospero "Lick"
STREET ADDRESS 3200 ne 10 st apt #10
CITY-ST-ZIP ~~Pompano Beach~~ FL 33062 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 617, 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

Date

Daytime Phone #

CR2E037 (10/00)