

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90112 004 \*\*\*150.00

**DOCUMENT # F75210**

1. Entity Name  
**POMPAÑO PAINT & BODY REPAIR, INC.**



Principal Place of Business  
**700 S. DIXIE HWY  
POMPAÑO BEACH FL 33060**

Mailing Address  
**700 S. DIXIE HWY  
POMPAÑO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2176825**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LANE, MURRAY  
700 SOUTH DIXIE HWY WEST  
POMPAÑO BEACH FL 33060**

Name

**LANE, IDA**

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

**700 SOUTH DIXIE HWY WEST**

City

**POMPAÑO BEACH FL**

Zip Code

**33060**

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

**IDA LANE**

**3-4-03**

**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 **PD** ☒ Delete  
NAME **LANE, MURRAY**  
STREET ADDRESS **1571 SE 24TH AVENUE**  
CITY-ST-ZIP **POMPAÑO BEACH FL**  
**DECEASED**

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

TITLE **STD** ☐ Delete  
NAME **LANE, IDA**  
STREET ADDRESS **1571 SE 24TH AVENUE**  
CITY-ST-ZIP **POMPAÑO BEACH FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **LANE, PETER N**  
STREET ADDRESS **4611 NE 15TH TERRACE**  
CITY-ST-ZIP **POMPAÑO BEACH FL**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**IDA LANE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/03**  
Date

**954 946-4444**  
Daytime Phone #

CR2E034 (10/02)