## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

**SIGNATURE:** 

F97000006111

Mailing Address

1. Entity Name

PDG, INC. OF POMPANO BEACH



## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90292 024 \*\*\*150.00

1386 BEULAH ROAD. #801 PITTSBURGH PA 15235			1386 BEULAH ROAD. #801 PITTSBURGH PA 15235								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. FEI Number 25-1588657 Applied For Not Applicable			
Zip Country			Zip		Cour	Country		5. Certificate of Status Desired S8.75 Addition Fee Required		ditional	
	6. Name	and Address of Current	Registere	ed Agent			7.	Name and Address of New Registered	Agent		
C T CODDODATION SYSTEM					Name						
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD				<u> </u>	-Street-Address (P.O. Box Number is Not Acceptable)					-	
	ON FL 3332					<del></del>					
		-				City		FL	Zip Cod	е	
	tions of regist		· ·			ed office or registe		gent, or both, in the State of Florida. I am	familiar with,	and accept	{
FILE NÓW!!! 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.  [	Added	00 May Be d to Fees	
10.	•	OFFICERS AND	DIRECTO	PRS	11.		A[	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	١,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IICHARD LAH ROAD, #801 GH PA 15235		☐ Delete		i i		•	☐ Change	☐ Addition	00/04/ /60/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OHN C LAH ROAD, #801 GH PA 15235		☐ Delete					☐ Change	☐ Addition	000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1386 BEUI	RD, DAVID LAH ROAD, #801 GH PA 15235		Delete	STR	E EET ADDRESS -ST-ZIP		عرب المحمد سوموان	☐ Change -	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ILCIA LAH ROAD, #801 GH PA 15235		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i i	-		☐ Change	☐ Addition	
indicated of the cor	on this repor	t or supplemental report is	true and wered to	accurate and that report	ny signa as requi	ture shall have the	same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I rida Statutes; and that my name appears i	am an officer	or director	