

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 034 ***150.00

DOCUMENT # **598728**

1. Entity Name

Children's House of Pompano Beach, Inc.



DO NOT WRITE IN THIS SPACE

10062817

2. Principal Place of Business

307 NE 1st St.

3. Mailing Address

Suite, Apt. # *Same*

City & State

Pompano Beach FL

City & State

Same

4. FEI Number

592220208

Applied For

Not Applicable

Zip

33060

Country

Broward

Zip

Same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

April Eiswerth

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

3400 Bayview Dr

Ft. Lauderdale, FL

City

FL

Zip Code

33306

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME Mary P. Eiswerth
STREET ADDRESS 3400 Bayview Dr #1 South
CITY-ST-ZIP Ft. Lauderdale FL 33306

TITLE VP
NAME April Eiswerth
STREET ADDRESS 3400 Bayview Dr #1S
CITY-ST-ZIP Ft. Lauderdale, FL 33306

TITLE
NAME Eiswerth, Jeffrey
STREET ADDRESS 3400 Bayview Dr. #1S
CITY-ST-ZIP Ft. Lauderdale, FL 33306

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary P. Eiswerth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

954-946-7215

Daytime Phone #

CR2E034B (12/02)