

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G36136

1. Entity Name

ROEPNACK ENTERPRISES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90801 023 \*\*\*158.75

Principal Place of Business

Mailing Address

400 E. ATLANTIC BLVD  
POMPANO BCH. FL 33060

400 E. ATLANTIC BLVD  
POMPANO BCH. FL 33060-6200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2271399

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

ROEPNACK, ROBERT A.  
38 SW 9TH TERR  
BOCA RATON FL 33486

Name

DAVID H. ROEPNACK

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

400 E. ATLANTIC BLVD.

City

POMPANO 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.

SIGNATURE

*[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD ☐ Delete  
NAME ROEPNACK, DAVID H  
STREET ADDRESS 400 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BCH. FL 33060

TITLE PRESIDENT/T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME ROEPNACK, ROBERT A.  
STREET ADDRESS 400 E ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BCH. FL 33060

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

TITLE S ☐ Delete  
NAME STEINMETZ, WILLIAM G  
STREET ADDRESS 400 E. ATLANTIC BLVD.  
CITY-ST-ZIP POMPANO BCH. FL 33060

TITLE VP/S/DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME PAUL A. ROEPNACK  
STREET ADDRESS 600 CURLEY BEAR ROAD  
CITY-ST-ZIP BIG SKY, MONTANA 59716

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 954-781-2120  
Date Daytime Phone #

CR2E034 (9/99)