

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90428 038 ***158.75

DOCUMENT # G36136

1. Entity Name
ROEPNACK ENTERPRISES, INC.

Principal Place of Business
400 E. ATLANTIC BLVD
POMPANO BCH. FL 33060

Mailing Address
400 E. ATLANTIC BLVD
POMPANO BCH. FL 33060

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, DAVID H
400 E ATLANTIC BLVD
POMPANO BEACH FL 33060

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 PTD	<input type="checkbox"/> Delete
NAME ROEPNACK, DAVID H	
STREET ADDRESS 400 E. ATLANTIC BLVD.	
CITY-ST-ZIP POMPANO BCH. FL 33060	
TITLE VSD	<input type="checkbox"/> Delete
NAME STEINMETZ, WILLIAM G	
STREET ADDRESS 400 E. ATLANTIC BLVD.	
CITY-ST-ZIP POMPANO BCH. FL 33060	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ROEPNACK, PAUL A	
STREET ADDRESS 600 CURLEY BEAR RD	
CITY-ST-ZIP BIG SKY MN 59710	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE PRESIDENT/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERT A. ROEPNACK	
STREET ADDRESS 400 E. ATLANTIC BLVD.	
CITY-ST-ZIP POMPANO BEACH, FLORIDA 33060	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01 **951-781-2120**
 Date Daytime Phone #

CR2E034 (10/00)