

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


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91892 042 \*\*\*150.00

DOCUMENT # G 76795

1. Entity Name

MARGATE HOME & BUILDING



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1251 NE 27 TERR

3. Mailing Address  
1251 NE 27 TERR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPAHO BEACH FLA

City & State  
POMPAHO BEACH FLA

4. FEI Number  
592376284

Applied For  
☐ Not Applicable

Zip  
33062

Country  
BLOWARD

Zip  
33062

Country  
BLOWARD

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
RICHARD H. ANDERSON JR

Street Address (P.O. Box Number is Not Acceptable)  
1251 NE 27 TERR

City  
POMPAHO BEACH

FL

Zip Code  
33062

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] DATE 4/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p><u>PRESIDENT - DIRECTOR</u> <u>RICHARD H. ANDERSON JR</u> <u>1251 NE 27 TERR</u> <u>POMPAHO BEACH FLA 33062</u></p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>
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**DO NOT WRITE  
IN THIS SPACE**

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: [Signature] DATE 4/30/03 DAYTIME PHONE # (954) 943-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)