

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90026 038 ***150.00

DOCUMENT # G78318

1. Entity Name
P.O.D. CONSTRUCTION, INC.

Principal Place of Business

**C/O POUL DALSGAARD
 8855 NW 18 STREET
 CORAL SPRINGS FL 33071**

Mailing Address

**C/O POUL DALSGAARD
 8855 NW 18 STREET
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

1650 ARABIAN DR

3. Mailing Address

1650 ARABIAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

Zip

33470

Country

WPB

Zip

33470

Country

WPB

4. FEI Number

59-2353926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DALSGAARD, POUL
 8855 NW 18 STREET
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **KEN DALSGAARD**
 Street Address (P.O. Box Number is Not Acceptable)
1650 ARABIAN DR
 City **LOXAHATCHEE FL** Zip Code **33470**

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)

2-11-02

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, 2002 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

TITLE NAME	P DALSGAARD, POUL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8855 NW 18 STREET CORAL SPRINGS FL	
TITLE NAME	V DALSOARD, KEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1650 ARABIAN DRIVE LOXAHATCHEE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P POUL DALSGAARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	11271 HERON BAY BLVD APT 3223 CORAL SPRINGS FL 33076	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

954-410-9832

Daytime Phone #

CR2E034 (9/01)