

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90009 001 ***150.00

0492373

DOCUMENT # J23993

1. Entity Name

KEN PYBUS BROKERAGE, INC.

Principal Place of Business

**1234 S MILITARY TRAIL
APT 1812
DEERFIELD BEACH FL 33442
US**

Mailing Address

**P. O. BOX 1359
POMPANO BCH. FL 33061
US**

2. Principal Place of Business

899 SE 2nd AVENUE

Suite, Apt. #, etc.

#116

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

BROWARD

3. Mailing Address

P.O. BOX 1359

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33061

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2691738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PYBUS, KEN
1234 S MILITARY TRAIL
APT 1812
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name **KEN, PYBUS**

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

899 SE 2nd AVENUE #116

City

DEERFIELD BEACH, FL

Zip Code

33441

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 **Kenneth Pybus**

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

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PYBUS, KEN P O BOX 1359 N/A POMPANO BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kenneth Pybus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01 954-570-6234

Date

Daytime Phone #

CR2E034 (10/00)