

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90051 041 \*\*\*158.75

**DOCUMENT # L29074**

1. Entity Name

**POMPANO LOCKSMITHS, INC.**

Principal Place of Business

1294 N FEDERAL HWY  
 POMPANO BCH FL 33062  
 US

Mailing Address

1294 N FEDERAL HWY  
 POMPANO BCH FL 33062  
 US

2. Principal Place of Business

**1310 N FEDERAL HWY**

Suite, Apt. #, etc.

3. Mailing Address

**1310 N FEDERAL HWY**

Suite, Apt. #, etc.

City & State

**POMPANO BCH FL**

Zip

**33062**

Country

**BROWARD**

City & State

**POMPANO BCH FL**

Zip

**33062**

Country

**BROWARD**

4. FEI Number

**65-0158122**

Applied For

Not Applicable

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

**MITCHELL, IRENE DONALDA  
 1294 N FEDERAL HWY  
 POMPANO BCH FL 33062**

Name

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

**1310 N. FEDERAL HWY**

City

**POMPANO BCH.**

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.

SIGNATURE

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

(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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MITCHELL, IRENE DONALDA</b>	
STREET ADDRESS	<b>1294 N FEDERAL HWY</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, IRENE DONALDA</b>	
STREET ADDRESS	<b>1310 N. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL IRENE DONALDA</b>	
STREET ADDRESS	<b>1310 N FEDERAL HWY</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL 33062</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

**Irene Donalda Mitchell**  
**IRENE DONALDA MITCHELL**

**3-12-2001**

Date

Daytime Phone #

**954 943-1255**

CR2E034 (10/00)