07-11-2003 90045 004 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M88979

1. Entity Name
POMERLEAU GROUP U.S.A., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
153 E. Palmetto Pk. Rd.	215 N. Eola Drive
Suite, Apt. #, etc. #550	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State: Orlando, Florida
Zip: 33432 Country: U.S.	Zip: 32801 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0105834 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: James J. Hoctor
Street Address (P.O. Box Number is Not Acceptable): 215 N. Eola Drive
City: Orlando FL Zip Code: 32801

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

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

TITLE	DPS
NAME	Pomerleau, Herve
STREET ADDRESS	5200 N. Ocean Blvd. #714
CITY-ST-ZIP	Ft. Lauderdale, Florida 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	*Dissolution removed & late fee waived due to clerical error.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8/9/03

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: ______ July 3, 2003
HERVE POMERLEAU — Signature and typed or printed name of signing officer or director — Date — Daytime Phone #