

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90227 025 ****61.25

DOCUMENT # **N96000000460**
1. Entity Name
**14th Street-Section II Association
Inc.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3170 N Federal Hwy Suite, Apt. #, etc. 100 City & State Lighthouse Point FL Zip 33064 Country USA		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0739563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert H. Smith
Street Address (P.O. Box Number is Not Acceptable) 3170 N Federal Hwy, Suite 100
City Lighthouse Point FL Zip Code 33064

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

5/8/03
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUGSLEY, DENNIS 2447 NE 14 Street POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILL, SEAN 2461 NE 14 Street POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, EARL K., JR. 2445 NE 14 Street POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SMITH, ROBERT H. 3170 N FEDERAL HWY #100 LIGHTHOUSE POINT FL 33064
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert H. Smith, Mgr.** **5/8/03** **954-941-7671**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/02)