FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # **N96000000907** NORTH WEST POMPANO NEIGHBORHOOD WATCH INC. 04-23-2002 90352 030 ****61.25 Principal Place of Business Mailing Address 4000 NW 4TH AVE 4000 NW 4TH AVE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0649073 Not Applicable Country Zip \$8.75 Additional 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3701 NW 4TH AVE POMPANO BEACH FL 33064 City Zip Code 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. SIGÑ#ATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ■ Addition ANDRUS, DEBBIE NAME NAME STREET ADDRESS 4000 N.W 4 AVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-7IP ٧D ☐ Delete TITLE Change ☐ Addition andrus, vern NAME NAME 4000 NW 4 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = POMPANO BEACH FL: 33064 CITY.-ST-ZIP. TITLE ☐ Delete Change ☐ Addition NAME HOFFMAN, MARK NAME STREET ADDRESS 350 N W 37TH STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE TITLE Delete X Change ☐ Addition Hoffman, Mark ΤĐ POTTER, ROBERT NAME NAME 350 N.W. 37th Street STREET ADDRESS 3701 NW 4TH AVE STREET ADDRESS Pompano Beach, FL CITY-ST-7IP POMPANO BEACH FL 33064 33064 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-3-07