2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000050369 **DOCUMENT #**

1. Entity Name

ROLAND POPOUR MAINTENANCE INC



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90171 030 ***150.00

				TO WE THE			
Principal Place of Business 10357 SW 50TH STREET COOPER CITY FL 33328		10357 SW 50TH	Mailing Address 10357 SW 50TH STREET COOPER CITY FL 33328			H BBHI BBIIL BBIBL BHIL BAIRA) (188 4 o nen ibn) edar
2. Principal Place of Business		3. Malling Addr	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #,	etc.		СНЕСК НЕ	ERE IF MAKING CHAN	GES
City & State		City & State	 		4. FEI Number 65-0015219 Applied For		
Zip Country		Zip	Zip Coun		5. Certificate of Status Desire	ed [] \$8.75	Not Applicable Additional
	6. Name and Address of Cu	rrent Registered Agent		 	7. Name and Address of Ne	Fee Rec	quirea
<u> </u>		<u></u>	·	Name	Manie and Address of Me	w nogistered Agent	
POPOUR,	ROLAND				I		
10357 SW	50TH STREET		Street Address		(P.O. Box Number is Not Acceptable)		
COOPER (CITY FL 33328						-
		_	City		-,	FL Zip	Code
8. The above the obligat	named entity submits this statem ions of egistered Igent.	ent for the purpose of cha	anging its registere	ed office or registe	ered agent, or both, in the State o	f Florida. I am familiar v	with, and accept
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered	OVDA F	6Paur	2-15-03	
			(NOTE: Nogotoro	- Agont signature require	ed when reinstalling)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$55 k Payable to Florida Departme	0.00			9. Election Campaign Trust Fund Contribu		5.00 May Be dded to Fees
10.		AND DIRECTORS				·	
	PD		11,		ADDITIONS/CHANGES TO C		
	POPOUR, ROLAND	☐ De	elete TITLE NAME			☐ Char	nge 🗌 Addition
	10357 SW 50TH STREET			ET ADDRESS			
	COOPER CITY FL 33328			-ST-ZIP			
TITLE	TD	□ De	lete TITLE			Chan	nge 🔲 Addition
	POPOUR, RHONDA		NAME				igo
	10357 SW 50TH STREET		STREE	ET ADDRESS			Ĭ
	COOPER CITY FL 33328			ST-ZIP		**************************************	_
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TITLE	<u>-</u>			37-211			
NAME			NAME			☐ Chan	ge Addition
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NAME STREET ADDRESS			NAME	 			İ
CITY-ST-ZIP				T ADDRESS			
	ertify that the information supplied	with this filing does not -	CITY-S				
	arror making injulingual Subbilea	wall out more find does not a			onon 110 0 (1916). Elocido Cratido	- 14 . 41	

indicated on this report or supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mornia Stopour SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #