

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000057869**1. Entity Name  
**POCKETPYRO INCORPORATED**

## Principal Place of Business

638 SW 34TH STREET

FORT LAUDERDALE  
33315

FL

## Mailing Address

638 SW 34TH STREET

FORT LAUDERDALE  
33315

FL

## 2. Principal Place of Business

590 SW 34TH STREET

## 3. Mailing Address

590 SW 34TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

FORT LAUDERDALE

FL

## City &amp; State

FORT LAUDERDALE

FL

## 4. FEI Number

**65-1022866**

Applied For

Not Applicable

Zip  
33315

Country

Zip  
33315

Country

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.**  
**201 S BISCAYNE BLVD SUITE 3000**MIAMI  
33131

US

FL

## 7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**09/12/2001**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY KEITH	
STREET ADDRESS	638 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	STATEN JOHN	
STREET ADDRESS	638 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPINSKI DON	
STREET ADDRESS	638 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	AHLES PETE	
STREET ADDRESS	638 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRAH TOM	
STREET ADDRESS	638 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY KEITH	
STREET ADDRESS	590 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATEN JOHN	
STREET ADDRESS	590 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPINSKI DON	
STREET ADDRESS	590 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLES PETE	
STREET ADDRESS	590 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRAH TOM	
STREET ADDRESS	590 SW 34TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
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:** Thomas Harrah

D

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)