

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091806

1. Entity Name

PIKE ROWLEY, INC.

Principal Place of Business

1280 SW 36 AVE STE 104
POMPANO BEACH FL 33069

Mailing Address

1280 SW 36 AVE STE 104
POMPANO BEACH FL 33069

2. Principal Place of Business

6363 NW 6th Way

Suite, Apt. #, etc.

470

3. Mailing Address

6363 NW 6th Way

Suite, Apt. #, etc.

470

City & State

Fort Lauderdale, Florida

Fort Lauderdale, Florida

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

ROWLEY, S PIKE

1280 SW 36 AVE STE 104

POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

Rowley, S. Pike

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

6363 NW 6th Way

Suite 470

City

Fort Lauderdale

FL

Zip Code

33309

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)

DATE

4/22/01

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	ROWLEY, S PIKE	
STREET ADDRESS	1280 SW 36 AVE STE 104	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowley, S. Pike
STREET ADDRESS	6363 NW 6th Way, Suite 470
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

Daytime Phone #

(954) 202-2790

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90413 022 ***150.00



DO NOT WRITE IN THIS SPACE

0134913

CR2E034 (10/00)