

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90153 005 ***150.00

DOCUMENT # P02000058203

1. Entity Name
POMPANO TUMBLE DRY, INC.



Principal Place of Business
**11 N.E. 1ST STREET
POMPANO BEACH FL 33060**

Mailing Address
**11 N.E. 1ST STREET
POMPANO BEACH FL 33060**

2. Principal Place of Business

SAME

3. Mailing Address

2/6 SMITH 1602 S.W. 2 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
POMPANO BEACH, FL.

4. FEI Number

04-3671173

Applied For

Not Applicable

Zip

Country

Zip

Country

33060

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, EDGAR F
1602 S.W. 2ND AVENUE
POMPANO BEACH FL 33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003-Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTSD
SMITH, EDGAR F
1602 S.W. 2ND AVENUE
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR SMITH

7/11/03

954-943-8505

Date

Daytime Phone #

CR2E034 (4/03)

attachment

80135942
#P02000058203
7/28/23

Division of Corporations,

Gentlemen,

I never received my original
uniform business report. It is
possible my employees misplaced
it, as a result I have
changed the mailing address
to my home to make sure this
does not re occur.

Please reduce my annual fee
to \$150.- as I am making
every effort to comply with
corporate laws.

Sincerely

Edgar F. Smith