

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90040 013 ***150.00

0841217 SP

DOCUMENT # P99000033328

1. Entity Name

JIM POLLARD DESIGN, INC.

Principal Place of Business

Mailing Address

1629 SE 81 AVE
 PMB 440
 N. LAUDERDALE FL 33068

1629 SE 81 AVE
 PMB 440
 N. LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

8168 W. McNAB

8168 WEST McNAB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 440

PMB 440

City & State

City & State

NORTH LAUDERDALE, FL

NORTH LAUDERDALE, FL

Zip

Country

Zip

Country

33068

USA

33068

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0911181

Applied For

Not Applicable

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

POLLARD, JIM

4980 SABAL PALM BLVD.

SUITE #121

FORT LAUDERDALE FL 33319

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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, JIM 4980 E. SABAL PALM, #121 TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

954-968-2891

Daytime Phone #

CR2E034 (9/01)