

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91843 026 \*\*\*150.00

DOCUMENT # **V63770**

1. Entity Name  
**EAST BAY ENTERPRISES OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**1631 S DIXIE HWY #F-3  
POMPANO BCH FL 33060  
US**

Mailing Address  
**1631 S DIXIE HWY #F-3  
POMPANO BCH FL 33060  
US**



2. Principal Place of Business  
**1625 S. Dixie Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**1625 S. Dixie Hwy**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**  
Zip  
**33060**  
Country  
**Forward**

City & State  
**Pompano Beach, FL**  
Zip  
**33060**  
Country  
**Forward**

4. FEI Number **65-0365502**  
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

**POOLE, LEONARD  
2449 NE 21ST AVE  
LIGHTHOUSE POINT FL 33064**

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 *Leonard Poole* **Leonard Poole** **4/22/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POOLE, LEONARD 1631 S DIXIE HWY #F-3 POMPANO BCH FL 33060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST POOLE, MILLIE 1631 S DIXIE HWY #F-3 POMPANO BCH FL 33060</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leonard Poole* **REQUIRED Leonard Poole** **4/22/03** **954 7852706**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)