

# 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

**1825 S. Dixie Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

**1825 S. Dixie Hwy**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

4. FEI Number

**65-0365502**

Applied For

Not Applicable

Zip

**33060**

Country

**Forward**

Zip

**33060**

Country

**Forward**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

SIGNATURE

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

**Leonard Poole**

(NOTE: Registered Agent signature required when reinstating)

**4/22/03**  
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 **P** ☐ Delete  
NAME **POOLE, LEONARD**  
STREET ADDRESS **1631 S DIXIE HWY #F-3**  
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE **ST** ☐ Delete  
NAME **POOLE, MILLIE**  
STREET ADDRESS **1631 S DIXIE HWY #F-3**  
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

**4/22/03**  
Date

**954 7852700**  
Daytime Phone #

CR2E034 (10/02)