

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000078573

**FILED**  
**Aug 18, 2020**  
**Secretary of State**  
**1111055021CC**

**Entity Name:** REMOVAL TRANSPORT SERVICES OF BROWARD INC,

**Current Principal Place of Business:**

1331 S DIXIE HIGHWAY WEST  
SUITE 4A  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

1331 S DIXIE HIGHWAY WEST  
SUITE 4A  
POMPANO BEACH, FL 33060

**FEI Number:** 46-1013904

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIDER, KEITH  
1331 S DIXIE HIGHWAY WEST  
SUITE 4A  
POMPANO BEACH, FL 33060 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RIDER, KEITH  
Address 1331 S DIXIE HIGHWAY WEST STE 4A  
City-State-Zip: POMPANO BEACH FL 33060

Title VP  
Name RUFFINI, ROBERT JOHN  
Address 1331 S DIXIE HIGHWAY WEST SUITE 4A  
City-State-Zip: POMPANO BEACH FL 33060

Title OFFICER  
Name RIDER, STEVE RUSSELL  
Address 1331 S DIXIE HIGHWAY WEST SUITE 4A  
City-State-Zip: POMPANO BEACH FL 33060

Title SECRETARY  
Name RIDER, JUSTIN KEITH  
Address 1331 S DIXIE HIGHWAY WEST SUITE 4A  
City-State-Zip: POMPANO BEACH FL 33060

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEITH RIDER

**PRESIDENT**

**08/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date