2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90125 048 ***150.00

DOCUMENT # 299284

1. Entity Name

POWERHOUSE INC

Principal Place of Business	Mailing Address
7300 MICCOSUKEE RD. TALLAHASSEE FL 32308 US	7300 MICCOSUKEE RD. TALLAHASSEE FL 32308-8606 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3000 Welaunee Road	3000 Welaunee Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-1011370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, CHRISTOPHER F.
7360 MICCOSUKEE RD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3100 Welaunee Road

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, 2000 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	PD DAVENPORT, CHRISTOPHER 7360 MICCOSUKEE RD. TALLAHASSEE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D METTLER, ELLEN 50 Seacape Drive Muir Beach, CA 94965	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD DAVENPORT, LOUISE M 7360 MICCOSUKEE RD. TALLAHASSEE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRON, THOMAS A Rt. 3, Box 118 Monticello, FL 32344	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVD METTLER, JOHN W, III 950 THIRD AVE. NEW YORK, NY 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVENPORT, CHRISTOPHER 3100 Welaunee Road Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD METTLER, CORNELIA D 215 EAST 72ND ST NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD DAVENPORT, LOUISE M 3100 Welaunee Road Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD METTLER, PETER W. 140 ROYAL PALM WAY PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STARK, WILLIAM E 2921 Tewkesbury Trace Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STARK, WILLIAM E 2965 SHAMROCK N., SUITE 9 TALLAHASEE, FLORIDA00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: William E. Stark William E. Stark, Treasurer 3/31/2000 850-877-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #