

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90131 025 \*\*\*\*70.00

**DOCUMENT # 729820**

1. Entity Name

**SEMINOLE POWER SQUADRON, INC.**

Principal Place of Business

Mailing Address

**BOB FEDER  
 2440 LAKE VISTA COURT  
 CASSELBERRY FL 32707  
 US**

**JIM CHAMBERLIN  
 131 E HIGHBANKS RD  
 DEBARY FL 32713  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Roberta M. Corsones**

**1108 Superior Court**

**Winter Springs Fl.**

**32708**

**USA**

4. FEI Number

**23-7335588**

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

**CHAMBERLIN, JIM  
 131 E HIGHLANDS RD  
 DEBARY FL 32713**

Name **Roberta M. Corsones**

Street Address (P.O. Box Number is Not Acceptable)  
**1108 Superior Court**

City **Winter Springs** FL Zip Code **32708**

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

*Roberta M. Corsones* **Treasurer**

**1-18-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FEDER, BOB</b>	
STREET ADDRESS	<b>2440 LAKE VISTA COURT #112</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NARIANY, LOU</b>	
STREET ADDRESS	<b>33 E ROSEVEAR STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORSONES, GEORGE</b>	
STREET ADDRESS	<b>1108 SUPERIOR COURT</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERLIN, JIM</b>	
STREET ADDRESS	<b>131 E HIGHBANKS RD</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILICK, TERRY</b>	
STREET ADDRESS	<b>1408 HAMPSTEAD TERRACE</b>	
CITY-ST-ZIP	<b>OVIDO FL 32765</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FEDER, KATHY</b>	
STREET ADDRESS	<b>2440 LAKE VISTA COURT 112</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roberta M. Corsones</b>	
STREET ADDRESS	<b>1108 Superior Court</b>	
CITY-ST-ZIP	<b>Winter Springs Fl. 32708</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice - President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary - E</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eward stork</b>	
STREET ADDRESS	<b>2698 Howland Blvd.</b>	
CITY-ST-ZIP	<b>Deltona Fl. 32735</b>	

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 617, 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: **SIGNATURE REQUIRED** *ORLA CHAMBERLIN* **1-18-02** **386-668-2745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)