

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007902**

1. Entity Name  
**POWERACTIONS, LLC**

FILED  
01 APR 18 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **245 DEER CREEK BLVD., SUITE 1007 DEERFIELD BEACH FL 33442**  
Mailing Address: **245 DEER CREEK BLVD., SUITE 1007 DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1022728**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMMAR, SANDRA L  
245 DEER CREEK BLVD., SUITE 1007  
DEERFIELD BEACH FL 33442**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**100004077911--7  
-04/25/01--01078--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS  Delete

10. ADDITIONS/CHANGES  Change  Addition

TITLE NAME: **OWNER/MANAGING MEMBER**  
STREET ADDRESS: **SANDRA L. HAMMAR**  
CITY-ST-ZIP: **245 DEER CREEK BLVD. SUITE 1007 DEERFIELD BEACH, FL 33442**

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sandra L. Hammar 4/14/01 954-429-0761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)