

2000 UNIFORM BUSINESS REPORT (UBR)

4/11

DOCUMENT # L29478

1. Entity Name
MARKETPOWER ENTERPRISES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-11-2000 90013 036 ***158.75

Principal Place of Business
3068 AUTUMN DR.
PALM HARBOR FL 34683
US

Mailing Address
3068 AUTUMN DR.
PALM HARBOR FL 34683-2105
US

2. Principal Place of Business
149 Oak Pointe Dr.
Suite, Apt. #, etc.

3. Mailing Address
149 Oak Pointe Dr.
Suite, Apt. #, etc.

City & State
Cherryville, N.C.
Zip 28021 Country U.S.A.

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Zip 28021 Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2980911 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOSTER, SUZANNE F.
3068 AUTUMN DR.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent
Name STEPHEN V. FOSTER
Street Address (P.O. Box Number is Not Acceptable) 2587 SOUTH SEMORAN BLVD #1818
City ORLANDO FL Zip Code 32822

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 STEPHEN V. FOSTER Stephen V. Foster 4/25/00
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	DPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOSTER, SUZANNE F.		NAME	149 Oak Pointe Dr	
STREET ADDRESS	3068 AUTUMN DR.		STREET ADDRESS	Cherryville N.C. 28021	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOSTER, STEPHEN J.		NAME	149 Oak Pointe Dr	
STREET ADDRESS	3068 AUTUMN DR.		STREET ADDRESS	Cherryville, N.C. 28021	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Stephen J. Foster Stephen J. Foster 4/6/00 704-481-8901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)