

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90282 043 ***150.00

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DOCUMENT # **L29478**

1. Entity Name

MARKETPOWER ENTERPRISES, INC.



Principal Place of Business

**149 OAK POINTE DRIVE
CHERRYVILLE NC 28021
US**

Mailing Address

**149 OAK POINTE DRIVE
CHERRYVILLE NC 28021
US**

2. Principal Place of Business

176 Skipping Stone Ln.
Suite, Apt. #, etc.

3. Mailing Address

176 Skipping Stone Ln.
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34119

Country

U.S.

Zip

34119

Country

U.S.

4. FEI Number

59-2980911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FOSTER, STEPHEN V
2587 SOUTH SEMORAN BLVD, #1818
ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name **Stephen J. Foster**
Street Address (P.O. Box Number is Not Acceptable)
176 Skipping Stone Ln
City **Naples, FL** Zip Code **34119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephen J. Foster* **Stephen J Foster** **4/15/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	☐ Delete
NAME	FOSTER, SUZANNE F.	
STREET ADDRESS	149 OAK POINTE DRIVE	
CITY-ST-ZIP	CHERRYVILLE NC 28021	
TITLE	DV	☐ Delete
NAME	FOSTER, STEPHEN J.	
STREET ADDRESS	149 OAK POINTE DRIVE	
CITY-ST-ZIP	CHERRYVILLE NC 28021	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☒ Change ☐ Addition
NAME	Foster, Suzanne F	
STREET ADDRESS	176 Skipping Stone Ln	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	DV	☒ Change ☐ Addition
NAME	Foster Stephen J	
STREET ADDRESS	176 Skipping Stone Ln	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: *Stephen J. Foster* **Stephen J Foster** **4/15/03** **239-3541368**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)