

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90128 019 *****70.00

DOCUMENT #_NO1000000483

1. Entity Name

POWER AND LIGHT PRODUCTIONS OF WAUCHULA, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 1161
 WAUCHULA FL 33873**

**P.O. BOX 1161
 WAUCHULA FL 33873**

2. Principal Place of Business

116 S. 7th Ave.

3. Mailing Address

P.O. Box 97

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Wauchula FL

City & State

Wauchula, FL

4. FEI Number

59-3699077

Applied For

Not Applicable

Zip

33873

Country

Hardee

Zip

33873

Country

Hardee

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRAHAM, MICHAEL R
 9 SE DAVID RANCH RD
 Zolfo Springs FL 33890**

7. Name and Address of New Registered Agent

Name

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

116 S. 7th Ave.

Suite B

City

Wauchula

FL

Zip Code

33873

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

Michael R. Graham

Michael R. Graham, Pres.

2/11/02

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	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, TINO	
STREET ADDRESS	P.O. BOX 1161	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, SUE M	
STREET ADDRESS	P.O. BOX 1161	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, MICHAEL R-	
STREET ADDRESS	P.O. BOX 1161	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONE, JOHN NEAL	
STREET ADDRESS	P.O. BOX 1161	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDER, KATHY M	
STREET ADDRESS	P.O. BOX 1161	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 378	
CITY-ST-ZIP	Zolfo Springs FL 33890	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 611	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 97	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 628	
CITY-ST-ZIP	Zolfo Springs, FL 33890	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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:

Sue Ward Baker
Sue Ward Baker

Date

2/11/02

Daytime Phone #

863-773-3187

CR2E037 (9/01)