FILED
Jun 09, 2003 8:00 am
Secretary of State
05-05-2003 90242 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095366

1. Entity Name
POWER & CONTROLS, INC.

44003548

Principal Place of Business
16404 ASHWOOD DR.
TAMPA, FL 33624

Mailing Address
16404 ASHWOOD DR.
TAMPA, FL 33624

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
15619 PREMIERE DR		15619 PREMIERE DR	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33688	Country HILLSBOROUGH	Zip 33688	Country HILLSBOROUGH

4. FEI Number 59-3680260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AUSTIN, JERRY L
16404 ASHWOOD DR.
TAMPA, FL 33624

7. Name and Address of New Registered Agent
Name BILL W SEBREE
Street Address (P.O. Box Number is Not Acceptable) 3816 W. LINEBAUGH AVENUE
SUITE 114
City TAMPA FL Zip Code 33624

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 BILL W SEBREE [signature] 6/4/03
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, JERRY L 16404 ASHWOOD DR. TAMPA, FL 33624	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEBREE, BILL W 3816 W. LINEBAUGH AVE SUITE 114 TAMPA, FL 33624	☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: BILL W SEBREE, PRES [signature] 4/28/03 (813) 962-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #