

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P98000038343**
1. Entity Name
Power Referrals, Inc.

02 JUN 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1336 Country Club Rd North
Suite, Apt. #, etc.

3. Mailing Address
1336 Country Club Rd N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St Petersburg, Florida

City & State
St. Petersburg, Florida

Zip
33710

Country
USA

Zip
33710

Country
USA

4. FEI Number
593519583

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Paul Traxler

Street Address (P.O. Box Number is Not Acceptable)
1336 Country Club Rd N.

City
St Petersburg FL Zip Code
33710

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 

DATE
6-13-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
President / Secretary / Treasurer

NAME
Paul Traxler

STREET ADDRESS
1336 Country Club Rd N.

CITY-ST-ZIP
St Petersburg, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900005975769

-06/25/02-01058-011

******450.00 ****450.00**

TITLE
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351.25 - AR

10.00 - AR PARTS

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

88.75 - AR SUP

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 on an attachment with an address, with any other like empowered.

SIGNATURE:  **Paul Traxler**

DATE: **6-13-02** DAYTIME PHONE #: **727-418-8072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

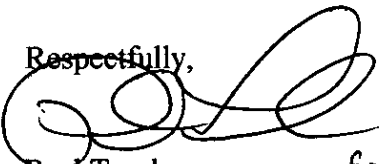
RE: UBR for Power Referrals, Inc. 2002

Dear Sirs,

I have enclosed the above noted form along with a fee of \$450.00. I was told by a customer service person that the additional fees would be waived due to the fact that we did not receive the forms for 2002.

If additional fees are due or if you need more information please contact me immediately at 727-418-8072. Your assistance in this matter is greatly appreciated.

Respectfully,


Paul Traxler

6-13-02