

2000 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT # P99000087311
 Entity Name
GENE POWELL, INC

FILED

00 JUN 23 PM 6:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1373 FARGO DR
MELBOURNE FL 32907

2. Principal Place of Business 3. Mailing Address
1373 FARGO DRIVE 1373 FARGO DRIVE
 State, Apt. #, etc. State, Apt. #, etc.

City & State City & State
MELBOURNE FL MELBOURNE, FL
 Zip Country Zip Country
32904 BREVARD 32904 BREVARD

4. EIN Number Applied For
59-3603128 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GENE POWELL
1373 FARGO DRIVE
MELBOURNE, FL 32907

7. Name and Address of New Registered Agent
 Name GENE POWELL
 Street Address (P.O. Box Number, etc., if applicable) 1373 FARGO DRIVE
 City MELBOURNE FL 32904

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 GENE POWELL JR. [Signature] 5/9/00
Signature (Typed or printed name of registered agent and (if applicable) (NOTE: If a principal agent signature is required, the principal agent must sign.)

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

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<u>POWELL, GENE JR</u>
STREET ADDRESS	<u>1373 FARGO DRIVE</u>
CITY-ST-ZIP	<u>MELBOURNE, FL 32907</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D/P POWELL, GENE JR.</u>
STREET ADDRESS	<u>1373 FARGO DRIVE</u>
CITY-ST-ZIP	<u>MELBOURNE, FL 32904</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>GRUTTADAURIA, MICHAEL</u>
STREET ADDRESS	<u>1373 FARGO DRIVE</u>
CITY-ST-ZIP	<u>MELBOURNE, FL 32904</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SP</u>
STREET ADDRESS	
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: GENE POWELL JR. [Signature] 5/9/00 (321) 254-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)