

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90059 001 \*\*\*158.75

0319807

**DOCUMENT # V46764**

1. Entity Name  
**POWER TEAM, INC.**

Principal Place of Business <b>4591 W. ATLANTIC AVE.          DELRAY BEACH FL 32445          US</b>	Mailing Address <b>4591 W. ATLANTIC AVE.          DELRAY BEACH FL 32445          US</b>
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2. Principal Place of Business <b>600 N Congress</b> Suite, Apt. #, etc. <b>350</b>	3. Mailing Address <b>600 N Congress</b> Suite, Apt. #, etc. <b>Suite 350</b>
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City & State <b>Delray Beach FL</b>	City & State <b>Delray Beach FL</b>
Zip <b>33445</b>	Zip <b>33445</b>
Country <b>Palm Beach</b>	Country <b>Palm Beach</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0344879</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**STONE, JUDY K.  
 3201 BLACK OAK CT.  
 BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**Same**  
 City **FL** Zip Code

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 Judy K Stone DATE 1/05/2001  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 <b>P</b>	<input type="checkbox"/> Delete	
NAME <b>STONE, JACK D</b>		
STREET ADDRESS <b>3201 BLACK OAK CT.</b>		
CITY-ST-ZIP <b>BOYNTON BEACH FL 33406</b>		
TITLE <b>VP</b>	<input type="checkbox"/> Delete	
NAME <b>STONE, JUDY K</b>		
STREET ADDRESS <b>3201 BLACK OAK CT.</b>		
CITY-ST-ZIP <b>BOYNTON BEACH FL 33406</b>		
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 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
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: Judy K Stone Date 1/05/2001 Daytime Phone # 561 921-0060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)