

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 279093**1. Entity Name  
**POWERS DAIRY, INC.**Principal Place of Business  
**POST OFFICE BOX 157  
NORTH HWY #19  
DONA VISTA FLA 32784**Mailing Address  
**P O BOX 2550  
UMATILLA FL 32784  
US****FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90288 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1038673</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent****POWERS, L H  
15721 POWERS RD  
UMATILLA FL 32784****7. Name and Address of New Registered Agent**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DPT</b>	TITLE	
NAME	<b>POWERS, L H</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 3097 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DONA VISTA FL</b>	CITY-ST-ZIP	
TITLE	<b>DVPS</b>	TITLE	
NAME	<b>POWERS, F H</b>	NAME	
STREET ADDRESS	<b>15702 POWERS RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>UMATICCA FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	
NAME	<b>POWERS, ORAH H</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 3157 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DONA VISTA FL 32784</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2001

Date

352-357-6855

Daytime Phone #

CR2E034 (10/00)

0478028