

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659179

1. Entity Name

POWER REALTY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90358 024 ***150.00

Principal Place of Business

3355 TAMiami TRAIL NORTH
 NAPLES FL 34109
 US

Mailing Address

C O STEVEN E. CLARK, CPA
 700 11TH ST. #PH3
 NAPLES FL 34102-6777
 US

2. Principal Place of Business

8114 COSTA BRAVA COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34109

Country

USA

Zip

Country

4. FEI Number

59-2026914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WODLINGER, MARILYN B
 3355 TAMiami TRAIL NORTH
 NAPLES FL 34109

Name

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

8114 COSTA BRAVA COURT

City

NAPLES

FL

Zip Code

34109

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, 2000 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 PVD ☐ Delete
 NAME WODLINGER, MARILYN BIRK
 STREET ADDRESS 3355 TAMiami TRAIL NORTH
 CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 8114 COSTA BRAVA COURT
 CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

Daytime Phone #

954-614-4-
 714

CR2E034 (9/99)