

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 659179**1. Entity Name  
**POWER REALTY, INC.****Principal Place of Business**

3355 TAMiami TRAIL NORTH

NAPLES

34103

FL

US

**Mailing Address**

C/O STEVEN E. CLARK, CPA

700 11TH ST. #PH3

NAPLES

34102

FL

US

**2. Principal Place of Business**

800 LAUREL OAKS DRIVE

**3. Mailing Address**

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City &amp; State

NAPLES

FL

City &amp; State

Zip

34103

Country

US

Zip

Country

**4. FEI Number****59-2026914**

Applied For

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****WODLINGER MARILYN B**  
3335 TAMiami TRAIL NORTH

NAPLES

34103

FL

US

**7. Name and Address of New Registered Agent**

Name

**WODLINGER MARILYN B**

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

**800 LAUREL OAKS DRIVE**

#200

City

NAPLES

**FL**

Zip Code

34103

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)

**05/01/2001**

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**

TITLE	PVD	<input type="checkbox"/> Delete
NAME	<b>WODLINGER MARILYN BIRK</b>	
STREET ADDRESS	<b>3355 TAMiami TRAIL NORTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</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
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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	PVD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WODLINGER MARILYN BIRK</b>		
STREET ADDRESS	<b>800 LAUREL OAKS DRIVE #200</b>		
CITY-ST-ZIP	<b>NAPLES FL 34103</b>		

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		

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: MARILYN BIRK WODLINGER**

PVD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)