

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 FL 34103 US		Mailing Address C/O STEVEN E. CLARK, CPA 700 11TH ST. #PH3 NAPLES FL 34102 US	
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2. Principal Place of Business 800 LAUREL OAKS DRIVE Suite, Apt. #, etc. #200	3. Mailing Address Suite, Apt. #, etc.
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City & State NAPLES FL	City & State	4. FEI Number 59-2026914	Applied For <input type="checkbox"/> Not Applicable
Zip 34103	Country US	Zip	Country

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 FL 34103 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 _____ DATE **05/01/2001**
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	PVD	<input type="checkbox"/> Delete
NAME	WODLINGER MARILYN BIRK	
STREET ADDRESS	3355 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
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	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WODLINGER MARILYN BIRK	
STREET ADDRESS	800 LAUREL OAKS DRIVE #200	
CITY-ST-ZIP	NAPLES FL 34103	
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)