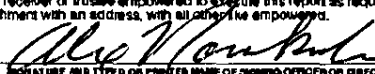


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91398 017 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746541			
1. Entity Name FLORIDA POWER CLUB			
Principal Place of Business C/O ALEX NOVAKUSKI 6565 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710 US		Mailing Address C/O ALEX NOVAKUSKI 6565 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710 US	
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 59-6004292		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVAKOSKI, ALEX 6565 38TH AVENUE NORTH SAINT PETERSBURG, FL 33710		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature of person or principal name of registered agent and the Florida State. (NOTE: Registered Agent's signature required when reappointing) DATE _____			
FILE NOW - FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D MCREE, CYTHINA STREET ADDRESS 100 CENTRAL AVENUE CITY-STATE-ZIP SAINT PETERSBURG, FL 33701 ☐ Delete		TITLE NAME Change Addition STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME D CORDER, MIKE STREET ADDRESS 6565 38TH AVENUE NORTH CITY-STATE-ZIP SAINT PETERSBURG, FL 33710 ☐ Delete		TITLE NAME Change Addition STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME T CORBISSE, PATRICIA STREET ADDRESS 6565 38TH AVENUE NORTH CITY-STATE-ZIP SAINT PETERSBURG, FL 33710 ☐ Delete		TITLE NAME Change Addition STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME D HONEY, ALLEN STREET ADDRESS 100 CENTRAL AVENUE CITY-STATE-ZIP SAINT PETERSBURG, FL 33710 ☐ Delete		TITLE NAME Change Addition STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME D GREEN, BEV. STREET ADDRESS 100 CENTRAL AVENUE CITY-STATE-ZIP SAINT PETERSBURG, FL 33710 ☐ Delete		TITLE NAME Change Addition STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME D HARWELL, NANCY STREET ADDRESS 100 CENTRAL AVENUE CITY-STATE-ZIP ST. PETERSBURG, FL 33701 ☐ Delete		TITLE NAME Change Addition STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other duly empowered.			
SIGNATURE:  SIGNATURE AND TITLE OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR Date _____ Cayman Phone # _____			

90112284



☐ CHECK HERE IF MAKING CHANGES

CR20037 (10/02)