

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91486 031 ***150.00

DOCUMENT # F00000004416

1. Entity Name
POWERCODERS, INC.



Principal Place of Business
**1460 S. MCCALL RD
SUITE 4G
ENGLEWOOD FL 34223**

Mailing Address
**1460 S. MCCALL RD
SUITE 4G
ENGLEWOOD FL 34223**



2. Principal Place of Business

1823 ENGLEWOOD RD

Suite, Apt. #, etc.

3. Mailing Address

1823 ENGLEWOOD RD

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

4. FEI Number **65-1010273**

Applied For

Not Applicable

Zip **34223**

Country **USA**

Zip **34223**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

**ZALE, ROBERT
1460 S MCCALL RD
SUITE 4-G
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name

ROBERT ZALE

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

1823 ENGLEWOOD RD.

City

ENGLEWOOD

FL

Zip Code

34223

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

ROBERT ZALE

(NOTE: Registered Agent signature required when reinstating)

4-2203

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCT** ☐ Delete
NAME **ZALE, ROBERT**
STREET ADDRESS **1400 BAYSHORE DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **S** ☐ Delete
NAME **ZALE, VIVIAN**
STREET ADDRESS **1400 BAYSHORE DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ZALE

4-2203

Date

941-473-7300

Daytime Phone #

CR2E034 (10/02)