

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003519

1. Entity Name

TRUTHPOWERED INTERNATIONAL, INC.

FILED

Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90017 008 ****70.00

Principal Place of Business

Mailing Address

201 SE 15TH TERR
SUITE 205
DEERFIELD BEACH FL 33441

201 SE 15TH TERR
SUITE 205
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

2200 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.
217A

PO Box 1618
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

DEERFIELD BEACH, FL

Zip

33431

Country

USA

Zip

33443

Country

USA

4. FEI Number

65-1115448

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

AULD, JAMES RANDOLPH
201 SE 15TH TERR
SUITE 205
DEERFIELD BEACH FL 33441

Name

JAMES RANDOLPH AULD

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

2121 NW 29TH CT. # P-10

City

OAKLAND PARK

FL

Zip Code

33311

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

3/28/02

FILE NOW: FEE IS \$61.25

+ \$8.75 = 70.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPST
AULD, JAMES RANDOLPH
1775 SW 8TH ST
BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPST
AULD, JAMES RANDOLPH
2121 NW 29TH CT. # P-10
OAKLAND PARK, FL 33311 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VV
HELLAND, ROBERT A JR
416 NW 45TH CT
FT LAUDERDALE FL 33309 ☐ Delete

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

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

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 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JAMES RANDOLPH AULD

3/28/02

561-955-9293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)