2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F86619 I. Entity Name POYER STATION INC. FILED Mar 06, 2000 8:00 am Secretary of State

				-	03-06-2000 9	90115 05	50 ***15	
Principal Place	e of Business	Mailing Address		_				
1040 WATER-OA	AK CE NE	1040 WATER OAK CT N.E.	_					
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703-3		3135		016	7 4 V .	1		
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2. Principal Pi	Place of Business AND ANE NE	QUE NE		DO NOT WRITE IN THIS SPACE				
Suite, Spi.	1.TE 209	Suite, Apt. #, etc. SuiTE 2	29		DO NOT WHITE	IN THIS SE		
City & State	PETERSburg F/	City & States	bug FI	4. FEI Number	59-2205120			plied For at Applicable
Zip	DI Country DI PINELIAS	Zip 3370/	Country	5. Certificate of	Status Desired		8.75 Add	
271	0.01	Do Johana d Amara	•	7. Name and Ad	Idress of New Reg			
		AT Key HARBO	Name					
HETE	RICK, SAMUEL	FIRICA SOM	Ctrost Address	na (BO, Boy Number io	Not Acceptable)			
	WATER OAK CT N.E. ろっ	27 Key HARBO		ss (P.O. Box Number is	(Not Acceptable)			
	ETERSBURG FL 33703		,	· 				
	Sar	Ely HORESE	<u></u>				Zip Cod	
		#1 3469S	City			FL	Zip Cod	е
8. The above	named entity submits this statement fo	r the purpose of changing its re	eaistered office or reais	stered agent, or both, in	n the State of Florid	 la.		
c. 1110 above	That is successful to the state of the state	the parpage of an angling has	-9					
								4
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature requ	dead then reinstation?		DATE		
				uirea when reinstating)				
		(1072	Hegistered Agent signature requ	olied when reinstating)				
9. This corpo	pration is eligible to satisfy its Intangible		! FEE IS \$150.00		on Campaign Finan		\$5.0	n May Be
Tax filing re	requirement and elects to do so.	FILE NOW!!! After MAY 1, 200	! FEE IS \$150.00 0 Fee will be \$550.0	10. Election	on Campaign Finan- Fund Contribution.		\$5.0 Added	0 May Be
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2000

898 2200

Daytime Phone #