## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F94000004595 **DOCUMENT #**

1. Entity Name

POWERLINE PRODUCTS, INC.



**FILED** Feb 17, 2003 8:00 am Secretary of State
02-17-2003 90240 041 \*\*\*150.00

Principal Place of Business 948 #5 READY AVE. FT. WALTON BEACH FL 32548 US		P.O. ( FT. W US									
2. Principal Place of Business			3. Mailing Address				1 1801100 1110 10111 DIDIP ODIN SAIII ADII		01501 51110	1 <del>1</del> 161 <b>3</b> 117 1381	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			<b>4.</b> F	4. FEI Number 59-3213884			oplied For ot Applicable	
Zip	Country		Zip Cour		try	5. (	Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registere	d Agent	_	يهن عيسر	7. <sub>.</sub> N	Name and Address of New Regist	ered Ag	ent		
					Name						
	N, THOMAS J					Street Address (P.O. Box Number is Not Acceptable)					
: 424 PELHAM RD											
FT WALTON BCH FL 32548					,						
					City			FL	Zip Cod	е	
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its	registere	d office or re	gistered age	ent, or both, in the State of Florida.	l am fan	niliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if app	ilicable. (NOTE	: Registered	I Agent signature r	required when re	instating)	DATE		<del>.                                      </del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Election Campaign Financir     Trust Fund Contribution.		Addeo	0 May Be	
10.	OFFICERS AN	D DIRECTO	RS	11.	T	AD	DITIONS/CHANGES TO OFFICER	S AND D	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST ALDERTON, THOMAS J 424 PELHAM ROAD FORT WALTON BEACH FL 325-	48	☐ Delete	•					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						] Change	☐ Addition {	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	اهای میوستایی بادر استویینامیوی	* • · · · · · · · · · · · · · · · · · ·	Delete	NAME STREE	ET ADDRESS ST-ZIP	مسه در پی مخسیجه			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .		to the state of th	,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I	,			Change.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w		□ Delete	CITY-	T ADDRESS ST-ZIP	in Cartin	V10 07/2)/// Eloyde Otables I ( )		Change	Addition	

be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director free to indicated on this report or supplemental report is of the corporation or the receiver or trusted error changed, or on an attachment with an apple of the corporation or the receiver or trusted error changed, or on an attachment with an apple of the corporation or the receiver or trusted error changed.

SIGNATURE: