

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006589

1. Entity Name

M.A. POWERS ENGINEERING, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90015 031 ***150.00

Principal Place of Business

Mailing Address

6828 POST RD #3E
N. KINGSTOWN RI 02852

6828 POST RD #3E
N. KINGSTOWN RI 02852-2100

AS OF 4/1/00

2. Principal Place of Business

3. Mailing Address

M.A. POWERS ENGINEERING INC. M.A. POWERS ENGINEERING INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 DIVISION STREET

5 DIVISION STREET

City & State

City & State

EAST GREENWICH, RI

EAST GREENWICH, RI

Zip

Country

Zip

Country

02818

USA

02818

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODBINE, GERALD
605 OCEAN MARINA DR
FLGLER BEACH FL 32136

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME POWERS, WALTER J SR
STREET ADDRESS 78 SWEET FERN DR
CITY-ST-ZIP CRANSTON RI 02921 ☐ Delete

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

TITLE VCPS
NAME POWERS, WALTER J JR
STREET ADDRESS 346 BEACHWOOD RD
CITY-ST-ZIP WARWICK RI ☐ Delete

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

TITLE VTD
NAME POWERS, MICHAEL A
STREET ADDRESS 29 EAST SHORE DR
CITY-ST-ZIP COVENTRY RI 02816 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

MICHAEL A. POWERS

16 FEB 2000

401-885-6990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)