

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005320

1. Entity Name

POWERS HEALTH SYSTEMS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90140 016 \*\*\*150.00

Principal Place of Business

Mailing Address

1230 POWERS AVENUE  
HOLLY HILL FL 32117

1230 POWERS AVENUE  
HOLLY HILL FL 32117-2604

801985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3443432**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OLI, PAMELA  
1230 POWERS AVENUE  
HOLLY HILL FL 32117

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	P	<input type="checkbox"/> Delete
NAME	OLI, PAMELA	
STREET ADDRESS	1144 BARBARA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLI, SAMPSON	
STREET ADDRESS	1144 BARBARA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	S	<input type="checkbox"/> Delete
NAME	IWENOFU, JOY	
STREET ADDRESS	1028 BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone

*Pamela OLI*  
PAMELA OLI

01/11/00 904 257

7082