

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002261

1. Entity Name

POWERPLANT MAINTENANCE SPECIALISTS, INC.

Principal Place of Business

660 W BAKER ST  
SUITE 217  
COSTA MESA CA 92626  
US

Mailing Address

660 W BAKER ST  
SUITE 217  
COSTA MESA CA 92626  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 33-0602214

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

9/24/01

Signature of owner, president, or 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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
ENGEL, JOLENE S  
666 WEST BAKER ST., #217  
COSTA MESA CA 92626 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
660 W. BAKER ST #217  
COSTA MESA, CA 92626 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOMBROW, RICHARD  
666 WEST BAKER ST., #217  
COSTA MESA CA 92626 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004613973--6  
-09/27/01--01073--005  
\*\*\*\*750.00 \*\*\*\*750.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SMITH, MIKE  
7225 CROWN COURT  
NAVARRE FL 32566 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2610 MASTERS BLVD  
NAVARRE, FL 32566 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
ROBINS, MARIAN  
666 WEST BAKER ST., #217  
COSTA MESA CA 92626 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
660 W. BAKER ST #217  
COSTA MESA, CA 92626 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

714 421-6900

0131465 AT

CR2E034 (5/01)