

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90041 014 ***150.00

DOCUMENT # F99000002656
 1. Entity Name
B.D. POWERS & ASSOCIATES, INC.

Principal Place of Business P.O. BOX 7056 PORT ST. LUCIE FL 34985	Mailing Address P.O. BOX 7056 PORT ST. LUCIE FL 34985-7056
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 722 SE Sweetbay Ave Suite, Apt. #, etc.	3. Mailing Address 722 SE Sweetbay Ave Suite, Apt. #, etc.
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City & State Port St Lucie FL	City & State Port St Lucie FL	4. FEI Number 76-0590533	Applied For <input type="checkbox"/> Not Applicable
Zip 34983	Country USA	Zip 34983	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARNEY, JOHN F JR.
722 SE SWEETBAY AVENUE
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

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 *Billie Powers* DATE 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARNEY, JOHN F JR.		NAME CARNEY, JOHN F JR.	
STREET ADDRESS 722 SE SWEETBAY AVENUE		STREET ADDRESS 722 SE SWEETBAY AVENUE	
CITY-ST-ZIP PORT ST. LUCIE FL 34983		CITY-ST-ZIP PORT ST. LUCIE FL 34983	
TITLE PS	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, BILLIE		NAME Billie Powers	
STREET ADDRESS 1430 FOUNTAINVIEW #314		STREET ADDRESS 15402 Leeds Ln	
CITY-ST-ZIP HOUSTON TX 77057		CITY-ST-ZIP Houston, TX 77040	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, BILL		NAME POWERS, Bill	
STREET ADDRESS 137 LONGHORN DRIVE		STREET ADDRESS 15402 Leeds Ln	
CITY-ST-ZIP BROWNWOOD TX 76801		CITY-ST-ZIP Houston, TX 77040	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Billie Powers* DATE: 5/1/00 DAYTIME PHONE #: 713-952-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)