

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000002656**

1. Entity Name  
**B.D. POWERS & ASSOCIATES, INC.**

Principal Place of Business 722 SE SWEETBAY AVE PORT SAINT LUCIE FL 34983	Mailing Address 722 SE SWEETBAY AVE PORT SAINT LUCIE FL 34983
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>76-0590533</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CARNEY JOHN FJR.  
 722 SE SWEETBAY AVENUE  
 PORT ST. LUCIE FL 34983 US

**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 \_\_\_\_\_ DATE **05/02/2001**

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, 2001 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	
TITLE VS NAME POWERS BILL STREET ADDRESS 15402 LEEDS LN CITY-ST-ZIP HOUSTON TX 77040 <input type="checkbox"/> Delete	
TITLE PS NAME POWERS BILLIE STREET ADDRESS 15402 LEEDS LN CITY-ST-ZIP HOUSTON TX 77040 <input type="checkbox"/> Delete	
TITLE D NAME CARNEY JOHN FJR. STREET ADDRESS 722 SE SWEETBAY AVENUE CITY-ST-ZIP PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:** Billie Powers PS 05/02/2001 Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)