

F99 000006495

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POWER RESEARCH INC.
(Name of corporation)

DOCUMENT NUMBER: F99000006495

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

BLAKE DAVIDSON
(Name of Person)

POWER RESEARCH INC.
(Firm/Company)

6970 FORTWEST DRIVE STE. 180
(Address)

HOUSTON, TX 77024
(City/State and Zip code)

For further information concerning this matter, please call:

BLAKE DAVIDSON at (713) 490-1100
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

POWER RESEARCH INC.

(Name of Corporation)

F99000006495

(Document Number of Corporation (if known))

NEVADA

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

6970 PORTWEST DRIVE STE. 180

(Mailing Address)

HOUSTON, TX 77024

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Blake Davidson

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2-24-05

(Date)

BLAKE DAVIDSON

(Typed or printed name of person signing)

OWNER

(Title of person signing)

FILING FEE \$35

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TALLAHASSEE, FLORIDA