

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90111 013 ***550.00

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DOCUMENT # F99000006495

1. Entity Name
POWER RESEARCH INC.



Principal Place of Business
**3750 HACIENDA BLVD
SUITE A
FORT LAUDERDALE FL 33314**

Mailing Address
**3750 HACIENDA BLVD
SUITE A
FORT LAUDERDALE FL 33314**



2. Principal Place of Business

3. Mailing Address

6970 PORTWEST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 180

City & State

City & State

HOUSTON, TX

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

77024

4. FEI Number **88-0254841**

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

**LEWIS, WANDA
3750 HACIENDA BLVD STE A
FORT LAUDERDALE FL 33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPT** ☐ Delete
NAME **LEWIS, WANDA**
STREET ADDRESS **520 SE 5TH AVE #1728**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **CPT** ☒ Change ☐ Addition
NAME **WANDA LEWIS**
STREET ADDRESS **6970 PORTWEST DRIVE STE. 180**
CITY-ST-ZIP **HOUSTON, TX 77024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-03

954-581-6600

Date Daytime Phone #

CR2E034 (10/02)