## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # G87065** 1. Entity Name

Principal Place of Business

SIGNATURE:

## POWER AUTOMOTIVE DISTRIBUTORS, INC.

829 MENSH TE PORT CHARLO US		829 MENSH TERR PORT CHARLOTTE FL 33948-3620 US							<b>1</b> () <b>6</b> 1 <b>0</b> )  1 <b>11</b> 1	
2. Principal P	ace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SF	'ACE		
City & State		City & State	City & State		<b>4.</b> F	4. FEI Number 59-2351529			oplied For ot Applicable	
Zip	Country	Z <sub>i</sub> p	Countr		5. (	Certificate of Status Desired	S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. N	Name and Address of New Reg	istered Ag	ent		
The second secon				Name						
POWER, DAVID A. 4409 SWEETBAY STREET			Street Address			ox Number is Not Acceptable)				
POR	T CHARLOTTE FL 33948		Ci		<u>.</u>		<del></del>	Zip Cod	le	
				City			FL			
8. The above	named entity submits this statement f				registered age		DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S		50.00 of State	10. Election Campaign Finan Trust Fund Contribution.		Added	00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND [	RECTOR	S IN 11	
TITLE	PSD	☐ Delete	TITLE					☐ Change	Addition	
NAME	Power, David A.		NAM							
STREET ADDRESS CITY-ST-ZIP	829 MENSH TERR. PORT CHARLOTTE FL	· 		ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	TITLE	[				☐ Change	☐ Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAM	E					1	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - - ST- ZIP	-· .		<del>.</del> .			
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME CAREET LIBERTOR			NAM							
STREET ADDRESS				ET ADDRESS -ST-ZIP						
CITY-ST-ZIP					<del></del>			☐ Change	Addition	
TITLE		☐ Delete	TITLE NAM	i				creatige	- Addition	
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

**FILED** 

Jan 19, 2000 8:00 am Secretary of State 01-19-2000 90234 022 \*\*\*150.00