

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90144 041 \*\*\*150.00

**DOCUMENT # H44647**

1. Entity Name  
**POWELL BROTHERS BARGE TERMINAL, INC.**



Principal Place of Business  
**760 TAYLOR LANE  
DANIA BEACH FL 33004  
US**

Mailing Address  
**P.O. BOX 14550  
FT. LAUDERDALE FL 33302**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2509403**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, J. S. III  
760 TAYLOR LANE  
~~FT. LAUDERDALE FL 33304~~**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **DANIA BEACH** FL Zip Code **33004**

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: *J. S. Powell, III* *J. S. Powell, III* *01/08/03*  
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VSD POWELL, R.O.</b>		NAME:	
STREET ADDRESS: <b>760 TAYLOR LANE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>DANIA FL 33004</b>		CITY-ST-ZIP:	
NAME: <b>PTD POWELL, J.S. III</b>		NAME:	
STREET ADDRESS: <b>760 TAYLOR LANE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>DANIA FL 33004</b>		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *J. S. Powell, III* *RECEIVED* *J. S. Powell, III* *PRES* *01/08/03* *(954) 923-1302*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)