

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90082 041 \*\*\*150.00

DOCUMENT # H56507

1. Entity Name

Power Installation, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
345 N. 11th Street

Suite, Apt. #, etc.

3. Mailing Address  
Same

Suite, Apt. #, etc.

City & State  
Flagler Beach, FL

City & State

4. FEI Number  
592529655

Applied For  
Not Applicable

Zip Country  
32136 Palm Beach

Zip Country

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

7. Name and Address of Current Registered Agent

Name  
Ray B. Carter

Street Address (P.O. Box Number is Not Acceptable)  
345 N. 11th Street

City Zip Code  
Flagler Beach FL 32136

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Ray B. Carter  
345 N. 11th Street  
Flagler Beach, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice President  
Paul Heermance  
810 NW 86th Avenue  
Pembroke Pines, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ray B. Carter Ray B. Carter

4/8/02 386-439-7590  
Date Daytime Phone #