

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 006 ***150.00

DOCUMENT # H76209

1. Entity Name

Power Flo Marketing Corp.

DO NOT WRITE IN THIS SPACE

B0058695

2. Principal Place of Business
512 Belle Isle Ave.

3. Mailing Address
1681 94th Lane NE

Suite, Apt. #, etc.
Belle Isle Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Belleair Beach, FL

City & State
Minneapolis, MN

4. FEI Number
59-2949464

Applied For
Not Applicable

Zip
34635

Country
US

Zip
55449-4324

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bruggeman, William Louis

Street Address (P.O. Box Number is Not Acceptable)
512 Belle Isle Avenue

Belle Isle Avenue

City
Belleair Beach

FL

Zip Code
34635

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

(Not E- Registered Agent signature required when nominating)

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
DP
NAME
Bruggeman, William Louis
STREET ADDRESS
512 Belle Isle Avenue
CITY - ST - ZIP
Belleair Bch, FL 34635

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
D
NAME
Bruggeman, Ruth Jean
STREET ADDRESS
512 Belle Isle Avenue
CITY - ST - ZIP
Belleair Bch, FL 34635

TITLE
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**DO NOT WRITE
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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 duly empowered.

SIGNATURE:

William L. Bruggeman
WILLIAM L. BRUGGEMAN

3-27-02

Date

763/780-5440

Daytime Phone

CR2E034B (12/01)