

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90203 016 ****50.00

DOCUMENT # L00000003027

1. Entity Name
POWER FORCE, LLC

Principal Place of Business

**6639 44TH AVE.
 BRADENTON FL 34203**

Mailing Address

**6639 44TH AVE.
 BRADENTON FL 34203**

965635

2. Principal Place of Business

3505-105th St. E.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1346

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palmetto, FL

City & State

Palmetto, FL

4. FEI Number

65-1023515

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34220

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINNEY, KEVIN

**6639 44TH AVE., EAST
 BRADENTON FL 34203**

Name

Kinney, Kevin

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

3505-105th St. E.

City

Palmetto

FL

Zip Code

34221

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

4/2/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **KINNEY, KEVIN SR.**
 STREET ADDRESS **P.O. BOX 1346**
 CITY-ST-ZIP **PALMETTO FL 34220-1246**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)