3/29/02-90

FILED
Apr 18, 2002 8:00 am
Secretary of State
03-29-2002 90598 040 ****50.00

MAR-20-2002 WED 11:05 AM G,D,S & B FAX NO.

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 23729

1. Entity Name
Powers Drive Group, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2180 N. PARK AVE	2180 N. PARK AVE
Suite, Apt. #, etc. 220	Suite, Apt. #, etc. 220
City & State Winter PARK, FLA.	City & State Winter PARK, FLA.
Zip 32789 Country USA	Zip 32789 Country USA

DO NOT WRITE IN THIS SPACE
4. FEI Number 01-0605154 [redacted] 060 5154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE (address change)

7. Name and Address of Current Registered Agent
Name: David G. Lee
Street Address (P.O. Box Number is Not Acceptable): 222 W. Comstock Ave Suite 220
City: Winter Park FL Zip Code: 32789

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 David G. Lee 3-20-02
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	~~MANAGER~~ MANAGING MEMBER	TITLE	
NAME	DAVID G. LEE	NAME	
STREET ADDRESS	2180 N. PARK AVE, #220	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	[redacted]	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MEMBER	TITLE	
NAME	ANN E. LEE	NAME	
STREET ADDRESS	2180 N. PARK AVE #220	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FLA 32789	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: David G. Lee 3-20-02 407 622-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #