## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L01000019729

## POWERS DRIVE GROUP, LLC



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90138 022 \*\*\*\*50.00

No.				
### WINTER PARK FL 32789 #### WINTER PARK FL 32789 ####################################				
### Sure Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   CheCk Here IF Making Changes				
Suite, Apt. #, etc.   City & State   Status Desired   S5.00 Address of Name and Address of Current Registered Agent   Name   Name   Street Address of New Registered Agent   Name   Street Address of New Registered Agent   Name   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   City   FL   Zp Cod   City   FL   Zp Cod   City   Spanish   State of Florida. I am familiar with, the Obligations of registered agent.   Signature, lepted or printing himself shared spent and the firepolitical part agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent agent and the firepolitical part agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent agent and the firepolitical part agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent.   ONTE Registered Agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent.   ONTE Registered Agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent.   ONTE Registered Agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent.   ONTE Registered Agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent.   ONTE Registered Agent segreture agent, or both, in the State of Florida. I am familiar with, the Obligations of registered agent.   ONTE Registered agent.   ON	A 1811 1881			
City & State  Country  Country  S. Certificate of Status Desired   \$5.00 Address of New Registered Agent   \$7. Name and Address of New Registered Agent				
Zip Country Zip Country 5. Certificate of Status Desired Special Speci				
Stock   Stoc	olied For Applicable			
LEE, DAVID G 2180 N PARK AVE SUITE 220 WINTER PARK FL 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. I am familiar with, the obligations of registered agent and tile a applicable (NOTE: Registered Agent signature required when remarkating)  PILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME LEE, DAVID G STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789  TITLE NAME LEE, ANN E 2180 N PARK AVE #220 WINTER PARK FL 32789  LEE, ANN E 2180 N PARK AVE #220 WINTER PARK FL 32789  LEE, ANN E STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change Change STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change Change STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change STREET ADDRESS CITY-ST-ZIP  C	.00 Additional			
LEE, DAVID G 2180 N PARK AVE SUITE 220 WINTER PARK FL 32789  City  City  FL  Zip Cod  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  Signature, byed or printed name of registered agent and the if applicable  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  ITILE  MGRM  LEE, DAVID G 2180 N PARK AVE #220  CITY-ST-2IP  WINTER PARK FL 32789  CITY-ST-2IP  WINTER PARK FL 32789  CITY-ST-2IP  Delete  TITLE  MGRM  Delete  STREET ADDRESS  CITY-ST-2IP  WINTER PARK FL 32789  Delete  STREET ADDRESS  CITY-ST-2IP  WINTER PARK FL 32789  CITY-ST-2IP  Change  CITY-ST-2IP  Change  Cha				
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Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	nd accept			
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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 trusted impowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

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