2000 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Aug 24, 2000 8:00 am
Secretary of State
08-15-2000 90014 028 ***150.00

DOCUMENT # L12990

1. Entity Name

SL POWERS COMPUTER CONSULTANTS INCORPORATED

Principal Place of Business	Mailing Address
~~1711 WORTHINGTON RD SUITE #101~~	~~1711 WORTHINGTON RD SUITE #101~~
WEST PALM BEACH FL ~~33409~~	WEST PALM BEACH FL ~~33409~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1254 OLD OKEECHOBEE RD.	1254 OLD OKEECHOBEE Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: US	Zip: 33401 Country: US

4. FEI Number: 59-3013166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~POWERS, STEVEN L.~~	Name: GEOFFREY BURDICK, PA
~~143 PONCE DE LEON ST.~~	Street Address (P.O. Box Number is Not Acceptable): 1110 NO. OLIVE AVE
~~ROYAL PALM BEACH FL 33411~~	City: WEST PALM BEACH FL Zip Code: 33401

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] DATE: 8/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POWERS, STEVEN L 143 PONCE DE LEON ST. ROYAL PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RORY V. SANCHEZ 2730 MEADOWLARK LANE WEST PALM BEACH, FL 33409	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POWERS, SHELLY M 143 PONCE DE LEON ST. ROYAL PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERT HOCHMUTH 745 CHASE Rd. WEST PALM BEACH, FL 33415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MADELINE SANCHEZ 5020 FOXHALL DR. N. WEST PALM BEACH, FL 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER HALMOS 224 DATURA STREET - SUITE 315 WEST PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Rory V. Sanchez, President 8/1/00 (561) 835-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #