

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90092 037 ***158.75

DOCUMENT # **L63604**

1. Entity Name

JOWERS BATTERIES, INC.

Powerhouse Two, Inc.

Principal Place of Business

**13178 W COLONIAL DR
WINTER GARDEN FL 34787
US**

Mailing Address

**13178 W COLONIAL DR
WINTER GARDEN FL 34787
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3077362

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

JOWERS, GERALD

13178 W COLONIAL DR

WINTER GARDEN FL 34787

Name

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

City

FL

Zip Code

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

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, 2002 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	D JOWERS, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	13178 W COLONIAL DR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Sandra M. Jowers	
CITY-ST-ZIP	13178 W. Colonial Dr.	
TITLE NAME	Winter Garden, Fl. 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Secretary/Treasure	
CITY-ST-ZIP	Dawn C. Wirbel	
TITLE NAME	13178 W. Colonial Dr.	
STREET ADDRESS	Winter Garden, Fl. 34787	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	Director	
TITLE NAME	Thomas E. Wirbel	
STREET ADDRESS	13178 W. Colonial Dr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Winter Garden, Fl. 34787	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sandra M. Jowers

04-24-02

407-654-5451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)