

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83759

1. Entity Name

POWERSTAR ELECTRONICS INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90102 031 \*\*\*158.75

Principal Place of Business

1053 NORTH ORLANDO AVENUE  
SUITE 1  
MAITLAND FL 32751  
US

Mailing Address

1053 NORTH ORLANDO AVENUE  
SUITE 1  
MAITLAND FL 32792-9102  
US

2. Principal Place of Business

7448 Aloma Ave.

3. Mailing Address

7448 Aloma Ave.

Suite, Apt. #, etc.

Ste. C

Suite, Apt. #, etc.

Ste. C

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

USA

Zip

32792

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3018486

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POWERS, MARIAN M  
1119 ERMINE AVE  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete  
NAME POWERS, MARION M.  
STREET ADDRESS 1119 ERMINE AVE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Delete  
NAME POWERS, CHARLES M. SR.  
STREET ADDRESS 1119 ERMINE AVE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Delete  
NAME POWERS, CHARLES M. JR.  
STREET ADDRESS 1119 ERMINE AVE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (2/99)