2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001181 1. Entity Name POWELL & POWELL ENTERPRISES, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business 9111 LITTLE ROAD NEW PORT RICHEY FL 34654 Mailing Address 5420 HALTATA COURT NEW PORT RICHEY FL 34655-43					00 FE	EB 24 AM 9:41			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, et			·.		DO NOT WRITE IN THIS SPACE				
City & State	9	City & State	City & State		4. FEIN	Jumber 59-3473790		pplied For at Applicable	
Zip	. Country Zip Cour		Coun	try	5. Certificate of Status Desired Spee Required \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent WALTER'S ACCOUNTING & TAX SERVICE, INC. 4209 LITTLE ROAD NEW PORT RICHEY FL 34655				7. Name and Address of New Registered Agent Name Name Powe Street Address (P.O. Box Number is Not Acceptable), Street Address (P.O. Box Number is Not Acceptable), Street Address (P.O. Box Number					
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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State									
9.		NG MEMBERS/MEMBERS	10.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CH	ANGES		
	MGR POWELL, JENNIFER J 5420 HALTATA COURT NEW PORT RICHEY FL	□ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NO. TOTAL TRANSPORT	☐ Delista	TITLI MAM: STRE	E E ET ADDRESS -\$T-ZIP		9000031 -03/08/0 ******50	Change 61629 00-01018-	Addition O	
NAME STREET ADDRESS CITY-ST-ZIP		Dederite:		ET ADDRESS - ST- ZIP	·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" 		NAM STRE				vereniğu		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ctiange	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		Delete		Į			Change	Addition	
11. I hereby certify that the information supplied with this filling 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 60B, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Date Date Date Dayling Phone #									