

2001 UNIFORM BUSINESS REPORT (UBR)

0022759 AF

DOCUMENT # L97000001181

1. Entity Name

POWELL & POWELL ENTERPRISES, LLC

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9111 LITTLE ROAD
NEW PORT RICHEY FL 34654

Mailing Address

5420 HALTATA COURT
NEW PORT RICHEY FL 34655

2. Principal Place of Business

3. Mailing Address

9111 Little Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New Port Richey FL

4. FEI Number

59-3473790

Applied For

Not Applicable

Zip

Country

Zip

34654

Country

Pasco

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, JENNIFER J
5420 HALTATA COURT
NEW PORT RICHEY FL 34655

Name

Michael M. Powell

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

9111 Little Road

City

New Port Richey

FL

Zip Code

34654

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 Michael M. Powell

Michael M. Powell

4/4/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004035759--3
-04/20/01--01077--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME POWELL, JENNIFER J
STREET ADDRESS 5420 HALTATA COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE MGR
NAME Powell, Michael M.
STREET ADDRESS 9111 Little Road
CITY-ST-ZIP New Port Richey, FL 34654 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

11. 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 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 608, Florida Statutes.

SIGNATURE: Michael M. Powell *Michael M. Powell* 4/4/01 (727) 863-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)