

2001 UNIFORM BUSINESS REPORT (UBR)

0023693 AF

DOCUMENT # L98000001485

1. Entity Name
POWER SERVICES ASSOCIATES, L.L.C.

FILED

01 JAN 29 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
644 NORTH RIVER DRIVE
STUART FL 34994

Mailing Address
2336 S.E. OCEAN BLVD. 183
STUART FL 34996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 65-0877664 **Applied For**
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEAUCHAIN, RONALD G
644 NORTH RIVER DRIVE
STUART FL 34994

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEAUCHAIN, RONALD G 644 NORTH RIVER DRIVE STUART FL 34994 | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400003656954--5 -02/08/01--01010--018 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard J. [Signature]* **1/18/01 903-898-2501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)