

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000003899****1. Entity Name**
POWER MOVES, INC.**Principal Place of Business**
715 A PHILIP RANDOLPH BLVD.
JACKSONVILLE FL 32202**Mailing Address**
112 W. ADAMS ST #816
JACKSONVILLE FL 32202**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
59-3585951**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****CHAPPELLE JOSEPH**
1033 GRANT STREET

JACKSONVILLE FL 32203 US**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** **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T <input type="checkbox"/> Delete
NAME	SERLES REGINA
STREET ADDRESS	4088 BARNES ROAD, #801
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	MD <input type="checkbox"/> Delete
NAME	SAMPSON MICHAEL L
STREET ADDRESS	2216 SPRING PARK RD, #22
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	PD <input type="checkbox"/> Delete
NAME	WILLIAMS HARRY LII
STREET ADDRESS	1151 VAN BUREN STREET
CITY-ST-ZIP	JACKSONVILLE FL 32206
TITLE	CD <input type="checkbox"/> Delete
NAME	CHAPPELLE JOSEPH
STREET ADDRESS	1033 GRANT STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDRICK EVA DR.
STREET ADDRESS	BOX 440103
CITY-ST-ZIP	JACKSONVILLE FL 32222
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: EVA HARDRICK ED 04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)