

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 027 ***150.00

DOCUMENT # P00000006862

1. Entity Name

~~D & M PROPERTIES OF CENTRAL FLORIDA, INC.~~

Powell Properties of Polk County, Inc.

Principal Place of Business

3375 HWY. 98 S., BLDG. C. STE. 3
 LAKELAND FL 33803

Mailing Address

3375 HWY. 98 S., BLDG. C. STE. 3
 LAKELAND FL 33803

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4922 Ironwood Trail

Barrow, Florida

33830

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3624784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POWELL, MICHAEL G

3375 HWY. 98 S., BLDG. C, STE. 3

LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name *Michael G. Powell*

Street Address (P.O. Box Number is Not Acceptable)
4922 Ironwood Trail

City *Barrow*

FL

Zip Code
33830

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 G. Powell* *Michael G. Powell President*

4-25-02

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, 2002 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 **P** ☒ Delete
 NAME **GOODIN, DONALD J**
 STREET ADDRESS **312 FOREST GLEN AVE.**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VS** ☐ Delete
 NAME **POWELL, MICHAEL G**
 STREET ADDRESS **3375 HWY. 98 S., BLDG. C, STE. 3**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
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 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 **P, V, T, S, D** ☒ Change ☐ Addition
 NAME **Michael G. Powell**
 STREET ADDRESS **4922 Ironwood Trail**
 CITY-ST-ZIP **Barrow, FL 33830**

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

Michael G. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

863 667-2550

Daytime Phone #

CR2E034 (9/01)