2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT # Secretary of State 1. Entity Name 05-22-2001 90630 011 ***150.00 PowerzZone Construction, Principal Place of Business Mailing Address C006924n 2. Principal Place of Business 3. Mailing Address 110780-B 47th Street N Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3623252 Not Applicable Clearwater, Country \$8.75 Additional 5. Certificate of Status Desired 33762 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Gary Nank</u> Street Address (P.O. Box Number is Not Acceptable) Norma J. Boswell 404 Seminole Blvd. Unit 2003 10780-B 47th Street N Zip Code Largo, FL 33770 33762 Clearwater. 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. Gary Nank, Vice President SIGNATURE . 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS President ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (11/00) X Delete TITLE ☐ Change Addition TITLE President Norma J.iBoswell NAME NAME Lloyd Haig 404 Seminole Blvd Unit 2003 STREET ADDRESS STREET ADDRESS 10780-B 47th Street N Largo, FL 33770 CITY-ST-ZIP CITY-ST-ZIE Clearwater, FL 33762 ☐ Delete TITLE TITLE V/T/S NAME NAME Gary Nank STREET ADDRESS STREET ADDRESS 10780-B 47th Street N CITY-ST-ZIP CITY-ST-7IP Clearwater, FL Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Lloyd Haig, President, 4/30/01 727-592-0442

FR OR DIRECTOR

Dayline Phone *