## FOR PROFIT CORPORATION

## **FILED** Apr 29, 2002 8:00 am

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DOCUMENT # P0000017683					Secretary of State 04-29-2002 90120 044 ***158.75		
PowerZone Construction. Inc.							
DO NOT WRITE IN THIS SPACE				,			
2. Principal Place of Business  3. Mailing Address  3. Mailing Address  Same as			<b>a</b> .				
Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City & State				4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional	
337	18 Pinellas			7Na	me and Address of Current Regis	Fee Required	
Name				Lloyd	vd Haia		
DO NOT WRITE			Street Ad	dress (P.O. B	ox Number is Not Acceptable)		
IN THIS SPACE				Unit	Fal		
			City	1 ara	^	FL Zip Code 33778	
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	Signature, typed or printed (ame) of registered agent a	AN Hoig Pre	esident Registered Agent signature	e required when re	instating) D	4102	
Toy filing requirement and elects to do so.			y 1 Fee is \$150. , Fee is \$550.00 UBR is \$61.25 e to Department		10. Election Campaign Financing Trust Fund Contribution.	S \$5.00 May Be Added to Fees	
11, OFFICERS AND DIRECTORS			I	*:			
TITLE PTS			TITLE				
NAME	Lloyd Haig	14mile 521	NAME				
STREET ADDRESS CITY-ST-ZIP	2131 Ridge Road S		STREET ADDRESS CITY-ST-ZIP				
TITLE	Largo, FL 33778	<u> </u>	TITLE	<del></del>	,		
NAME		٠	NAME	i		,	
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NAME			NAME			•	
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TITLE			TITLE				
NAME			NAME				
STREET ADDRESS	,		STREET ADDRESS				

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF DAT