

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 003 ***150.00

0499461 AV

DOCUMENT # P00000017683

1. Entity Name
POWERZONE CONSTRUCTION, INC.



Principal Place of Business
2131 RIDGE RD S
UNIT F 31
LARGO FL 33778

Mailing Address
2131 RIDGE RD S
UNIT F 31
LARGO FL 33778



2. Principal Place of Business
850 E. Lime Street
Suite, Apt. #, etc.
P.O. Box 1165

3. Mailing Address
P.O. Box 1165
Suite, Apt. #, etc.

City & State
Tarpon Springs, FL
Zip
34689
Country
U.S.

City & State
Tarpon Springs, FL
Zip
34688
Country
U.S.

4. FEI Number 59-3623252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAIG, LLOYD
2131 RIDGE RD S
UNIT F 31
LARGO FL 33778

7. Name and Address of New Registered Agent

Name
No Changes
Street Address (P.O. Box Number - Not Acceptable)
City
FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lloyd Haig*
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

4/25/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAIG, LLOYD 10780-B 47TH STREET N. CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS NANK, GARY 10780-B 47TH STREET N. CLEARWATER FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Haig, Lloyd 850 E. Lime Street - P.O. Box 1165 Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lloyd Haig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (727) 643-9393
Date Daytime Phone #

CR2E034 (10/02)