CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachme

SIGNATURE

Feb 19, 2002 8:00 am P00000018318 DOCUMENT # **Secretary of State** 1. Entity Name 02-19-2002 90120 010 ***150.00 POWERHOUSE ELECTRIC INC. Principal Place of Business Mailing Address 5446 FRONTIER DRIVE 5446 FRONTIER DRIVE ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3628191 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORTON, CHRISTOPHER R Street Address (P.O. Box Number is Not Acceptable) **5446 FRONTIER DRIVE** ZEPHYRHILLS FL 33540 City Zip Code 3. 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 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing ·Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVTS** TITLE ☐ Change ☐ Addition Delete NAME HORTON, CHRISTOPHER R NAME 5446 FRONTIER DR. STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change -- - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP on 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 and a curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director for the true and a curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director for the true and a curate and that my name appears in Block 11 or Block 12 if I hereby certify that the informat indicated on this report or supp

Date