

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025326

1. Entity Name

POWERS PERFORMANCE CONSULTING, INC.

FILED

01 MAY -1 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
532 SABAL LAKE DR., APT. 210  
LONGWOOD FL 32779

Mailing Address  
2509 LAST Tee Court  
532 SABAL LAKE DR., APT. 210  
LONGWOOD FL 32779

2. Principal Place of Business

2509 LAST Tee Court

3. Mailing Address

2509 LAST Tee Court



City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FFL Number

59-363-2605

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHARLES R  
1413 TROVILLION AVE.  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President  
NAME: POWERS, MICHAEL T  
STREET ADDRESS: 532 SABAL LAKE DR., APT. 210  
CITY-ST-ZIP: LONGWOOD FL 32779

TITLE: Secretary-Treasurer  
NAME: Kathleen M. Powers  
STREET ADDRESS: 2509 LAST Tee Court  
CITY-ST-ZIP: LONGWOOD, FL 32779

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President  
NAME: Powers, Michael T.  
STREET ADDRESS: 2509 LAST Tee Court  
CITY-ST-ZIP: LONGWOOD, FL 32779

TITLE: Secretary-Treasurer  
NAME: Powers, Kathleen M.  
STREET ADDRESS: 2509 LAST Tee Court  
CITY-ST-ZIP: LONGWOOD, FL 32779

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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NAME: \_\_\_\_\_  
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CITY-ST-ZIP: \_\_\_\_\_

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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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 information.

SIGNATURE:

Michael T. Powers

4/25/01 (407) 772-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)