## **FILED**

Apr 18, 2003 8:00 am Secretary of State

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT #

2003 FOR PROFIT CORPORATION

1. Entity Name

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

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TITLE NAME

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NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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POWER LINE HARDWARE COMPANY



P00000027862 04-18-2003 90174 018 \*\*\*150.00 Principal Place of Business Mailing Address 245 N LANE AVE 245 N LANE AVE JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3635163 Not Applicable 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 TANNER, RUSSELL E Street Address (P.O. Box Number is Not Acceptable) 245 N LANE AVE JACKSONVILLE FL 32254 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Afte May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ■ Addition TANNER, RUSSELL E NAME 245 N LANE AVE STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 empered 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 an other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TONE MRUSSELRE Tanner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-18-03

(904) 695-9880

Davtime Phone #

☐ Change

☐ Addition