2001 UNIFORM BUSINESS REPORT (UBR)

02-19-2001 90018 032 ***150.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062290

1. Entity Name

POWELL CUSTOM CONSTRUCTION, INC.

✓

Principal Place of Business	Mailing Address
4905 CHIQUITA BLVD. SUITE 101 CAPE CORAL FL 33914 US	4905 CHIQUITA BLVD. SUITE 101 CAPE CORAL FL 33914 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~65-1019919~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, MARJORIE
4206 SE 20th PL # 102
CAPE CORAL FL 33904

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 Wayne Powell 2/6/01

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

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 ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POWELL, BILL		NAME	
STREET ADDRESS	4206 SE 20TH PL # 102		STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP	
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POWELL, MARJORIE		NAME	
STREET ADDRESS	4206 SE 20TH PL # 102		STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DANIELS, SCOTT J		NAME	
STREET ADDRESS	2630 SW 30TH ST		STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Campbell, Charlene		NAME	
STREET ADDRESS	2130 SW 13th Ave.		STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Fl 33991		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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	

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 like empowered.

SIGNATURE: Wayne Powell, Pres 2/6/01 941-540-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/21/01