

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 8:00 am
Secretary of State**

01-27-2001 90085 045 ***150.00

DOCUMENT # P00000092059

1. Entity Name

DONALD F. POWELL, C.P.A., P.A.

Principal Place of Business

**3100 NORTH OCEAN BLVD., #905
FT. LAUDERDALE FL 33308**

Mailing Address

**3100 NORTH OCEAN BLVD., #905
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

4700 SHORIDAN ST.

3. Mailing Address

4700 SHORIDAN ST.

Suite, Apt., #, etc.

BLOG. P

Suite, Apt., #, etc.

BLOG. P

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

US

Zip

33021

Country

US

4. FEI Number

65-1045385

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**POWELL, DONALD F
3100 NORTH OCEAN BLVD., #905
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

DONALD F. POWELL

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

4700 SHORIDAN STREET

City

**BLOG. P
HOLLYWOOD****FL**

Zip Code

33021

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

D F Powell
Signature, typed or printed name of registered agent and title if applicable.**DONALD F. POWELL**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/019. 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

TITLE **D** ☐ Delete
NAME **POWELL, DONALD F**
STREET ADDRESS **3100 NORTH OCEAN BLVD., #905**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **4700 SHORIDAN ST.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **BLOG. P**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D F Powell **DONALD F. POWELL** **1/8/01** **954-449-3000**

CR2E034 (10/00)