

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90228 033 \*\*\*150.00

0078548 AV

**DOCUMENT # P00000102812**

1. Entity Name

**POWERMEDICA, INC.**

Principal Place of Business

**245 N. OCEAN BLVD.**

**SUITE 201**

**DEERFIELD BEACH FL 33441**

Mailing Address

**245 N. OCEAN BLVD.**

**SUITE 201**

**DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1052987**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILINGS, INC.**

**3732 N.W. 16TH STREET**

**FT. LAUDERDALE FL 33311-4132**

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 reinstating)

DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **D DALEY, DANIEL**  
STREET ADDRESS **245 N. OCEAN BLVD. SUITE 201**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ 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 REQUIRED DAN DALEY**

Date

Daytime Phone #

CR2E034 (5/01)

*Attachment*  
**DYKES, STEVENS & Co., P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS  
P.O. Box 4500  
BOCA RATON, FLORIDA 33429-4500  
561-392-4228  
*9742*

JAMES E. DYKES, CPA  
SCOTT C. STEVENS, CPA

July 9, 2001

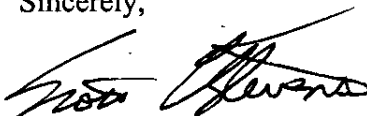
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Powermedica, Inc., 2001 Uniform Business Report  
Document # P00000102812

Per my telephone call to your office today, I am refileing the 2001 Uniform Business Report. You said it was previously returned to Powermedica, Inc. to complete Box 4, FEI#, but we do not have record of receiving it back. I have enclosed a copy of our cancelled check for \$150.00 which you received with our timely filed return.

Please accept this filing and waive any penalties due to the fact that this form was timely filed and we never received it back.

Sincerely,



Scott C. Stevens

SCS\et

Attacher

9742

#P0000001663K

**POWERMEDICA, INC.**  
245 N. OCEAN BLVD., NO. 201  
DEERFIELD BEACH, FL 33441

**D0050319**

1059

63-8376/2570  
025

DATE

4/27/01

PAY  
TO THE  
ORDER OF

Department of the State

One hundred fifty and  $\frac{1}{100}$

\$ 150  $\frac{1}{100}$

020187269 0447 1714 11 05-23-01

DOLLARS



Hillsboro Boulevard  
10 Fairway Drive  
Deerfield Beach, FL 33441

FOR

P0000100812

*[Signature]*

00001059

267083763

0055337976

0000015000

MAY 08 2001

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 1009068796

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

BANK OF AMERICA NA JAX  
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65/22/81

05-23-01

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