

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90045 021 ***150.00

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DOCUMENT # P01000001303

1. Entity Name

POWERBUILDERCONSULTING.COM, INC.

Principal Place of Business

2641 CAHILL WAY
LAKE MARY FL 32746

Mailing Address

2641 CAHILL WAY
LAKE MARY FL 32746

80053230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1675 REDWOOD GROVE TERRACE

3. Mailing Address

1675 REDWOOD GROVE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

59-3693700

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

JOSEPH F. MAGUIRE

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

1675 REDWOOD GROVE TERR.

City

LAKE MARY

FL

Zip Code

32746

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

3/13/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	MAGUIRE, JOSEPH F	
STREET ADDRESS	2641 CAHILL WAY	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, JOSEPH F	
STREET ADDRESS	1675 REDWOOD GROVE TERR.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF JOSEPH F. MAGUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

407-829-6511

Daytime Phone #

CP2E034 (9/01)