

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91046 028 ***150.00

DOCUMENT # **P01000005423**

1. Entity Name

Willpowerad Services, Inc.

DO NOT WRITE IN THIS SPACE

2003 00074348

2. Principal Place of Business

230 VIA D'ESTE

Suite, Apt. #, etc.

#1509

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

3. Mailing Address

230 VIA D'ESTE

Suite, Apt. #, etc.

#1509

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1069056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM MILLER

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

1108 E NEWPORT CTR. DR.

DEERFIELD BEACH

City

DEERFIELD BEACH

FL

Zip Code

33442

**DO NOT WRITE
IN THIS SPACE**

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]

Pres.

4-5-03

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P.D.

WILLIAM MILLER

230 VIA D'ESTE #1509

DELRAY BEACH, FL 33445

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4-5-03

DATE

954.421-7771

Daytime Phone #

CR2E034B (12/01)