2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

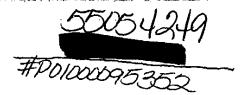
P01000095352 DOCUMENT # 1. Entity Name POWERSALES & MARKETING, INC. 55054249 Principal Place of Business Mailing Address PO BOX 9224 PO BOX 9224 **BRADENTON FL 34206-9224** BRADENTON FL 34206-9224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWERS, LILLI S Street Address (P.O. Box Number is Not Acceptable) 9815 SWEETWATER AVE **BRADENTON FL 34202** Zip Code .B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition POWERS, JAMES T NAME NAME CR2E034 STREET ADDRESS 9815 SWEETWATER AVE STREET ADDRESS BRADENTON FL 34202 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition POWERS, LILLI S NAME NAME STREET ADDRESS 9815 SWEETWATER AVE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TIFLE TITLE Change Addition. POWERS, TRAVER J NAME NAME 4605 DEANSCROFT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28226 CITY-ST-ZIP TITLE Dalete 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-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP ed with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information eport 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 is empowered to execute this report as required by Chapter 607, Florida Statues; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supply indicated on this report or supplementa of the corporation or the receiver or true changed, or on an attachment with an SIGNATURE:

FILED Aug 15, 2003 8:00 am

Secretary of State

07-17-2003 90026 032 ***158.75

Attachment





July 15th 2003

TO WHOM IT-MAY CONCERN:

Last week I received your URB notice that I did not register in time. I never received the intial request for payment thus I am asking you accept my \$150 filing fee.

thank you!!!

best regards.

James T Powers president