

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90222 016 ***550.00

DOCUMENT # P01000109675
 1. Entity Name
LEN POWELL PAINTING, INC.

Principal Place of Business Mailing Address
 17433 83RD PLACE N. 17433 83RD PLACE N.
 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

B0134004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
17433 83RD PLACE N. **17433 83RD PLACE N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LOXAHATCHEE, FL **LOXAHATCHEE, FL**
 Zip Country Zip Country
33470 **Palm Bch** **33470** **Palm Bch**

4. FEI Number Applied For
31-1812082 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POWELL, LEONARD
17433 83RD PLACE N.
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (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 13, 2002 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 | | |
|----------------------------|------------------------------|---------------------------------|
| TITLE | LEONARD J Powell | <input type="checkbox"/> Delete |
| NAME | 17433 83RD PL N | |
| STREET ADDRESS | LOXAHATCHEE, FL 33470 | |
| 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 | | <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 REQUIRED** **LEONARD J Powell** **8/9/02** **(561)248-6122**

CR2E034 (4/02)