

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90108 001 ***150.00

DOCUMENT # P01159

1. Entity Name

POWER PLANT MAINTENANCE COMPANY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 118
 SOCIETY HILL SC 29593

P.O. BOX 118
 SOCIETY HILL SC 29593-0118

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 **56-1217245**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (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 \$150.00
 After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, HENRY B	
STREET ADDRESS	S. MAIN STREET	
CITY-ST-ZIP	SOCIETY HILL SC 29593	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLLIS, BOBBY	
STREET ADDRESS	S. MAIN STREET	
CITY-ST-ZIP	SOCIETY HILL SC 29593	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALTON, EARL	
STREET ADDRESS	S. MAIN STREET	
CITY-ST-ZIP	SOCIETY HILLS SC 29593	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DAVIS, CAROL L	
STREET ADDRESS	SOUTH MAIN STREET	
CITY-ST-ZIP	SOCIETY HILL SC	
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"/> 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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Roach	
STREET ADDRESS	South Main Street	
CITY-ST-ZIP	Society Hill, SC 29593	
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: Michael C. Roach Date: 4/27/00 Daytime Phone #: (843) 378-4700

CR2E034 (9/99)