

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90088 015 ***150.00

DOCUMENT # P02000034649

1. Entity Name
POWER COMMUNICATIONS, INC.



Principal Place of Business
**5651 NW 29TH STREET
SUITE B
MARGATE FL 33063**

Mailing Address
**5651 NW 29TH STREET
SUITE B
MARGATE FL 33063**



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

41-2033336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDUSKY, WILLIAM E
639 LAKEVIEW DR 12199 NW 29 St
CORAL SPRINGS FL 33071 Coral Springs, FL 33065

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Delete
NAME	BEAUBIEN, MICHAEL R	
STREET ADDRESS	9907 MOSS POND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	V	☐ Delete
NAME	SANDUSKY, WILLIAM E	
STREET ADDRESS	639 LAKEVIEW DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	☒ Delete
NAME	SANDUSKY, CHAD E	
STREET ADDRESS	639 LAKEVIEW DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	☐ Delete
NAME	DUNN, MICHELE L	
STREET ADDRESS	7310 WESTWOOD DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☐ Change ☒ Addition
NAME	Serenberg, michelle E.	
STREET ADDRESS	9907 MOSS POND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	V	☒ Change ☐ Addition
NAME	Sandusky, William E.	
STREET ADDRESS	12199 NW 29 street	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	☒ Change ☐ Addition
NAME	Dunn, michelle L.	
STREET ADDRESS	7310 Westwood Dr	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle E. Serenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

954-974-7116

Daytime Phone #

CR2E034 (10/02)