

AMEND

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 17 PM 2:17

DOCUMENT # P02000125544	
1: Entity Name POWERHOME, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 88 Riberia Street Suite, Apt. #, etc. Suite 250 City & State St. Augustine, FL Zip 32084	3. Mailing Address 88 Riberia Street Suite, Apt. #, etc. Suite 250 City & State St. Augustine Zip 32084 Country St. Johns
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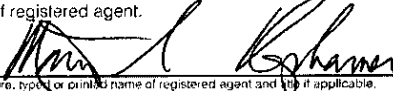
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4. FEI Number 55-0806527	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name MAURICE S. KOPHAMER	
Street Address (P.O. Box Number is Not Acceptable) 88 RIBERIA STREET, SUITE 250	
City ST. AUGUSTINE	Zip Code FL 32084

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  MAURICE S. KOPHAMER MAY 30, 2003

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

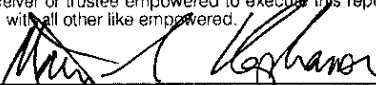
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Director Maurice S. Kophamer, 88 Riberia St., Suite 250, St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer/Director Lois L. Kophamer, 88 Riberia St., Suite 250, St. Augustine, FL 32084
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  5/30/03 904-808-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)