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 | 3. Mailing Address |
|---|---|
| 88 Riberia Street | 88 Riberia Street |
| Suite, Apt. #, etc.<br>Suite 250 | Suite, Apt. #, etc.<br>Suite 250 |
| City & State<br>St. Augustine, FL | City & State<br>St. Augustine |
| Zip<br>32084 Country<br>St. Johns | Zip<br>32084 Country<br>St. Johns |

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0806527 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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 FL Zip Code 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 title 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President, Director<br>Maurice S. Kophamer, 88 Riberia St.,<br>Suite 250, St. Augustine, FL 32084 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary/Treasurer/Director<br>Lois L. Kophamer, 88 Riberia St.,<br>Suite 250, St. Augustine, FL 32084 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 700021112127<br>06/24/03--01059--003 **61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **IN THIS SPACE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

CR2E034B (12/02)

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 #