To: From: Spiegel & Utrera

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-14-2005 90090 017 ***150.00
04-18-2005 90298 024 ***150.00

DOCUMENT # P04000028181

1. Entity Name
Powers Human Resources Consulting

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2. Principal Place of Business		3. Mailing Address	
670 ISLAND WAY		670 ISLAND WAY	
Suite, Apt. #, etc. 701		Suite, Apt. #, etc. 701	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33767	Country USA ~~PINELLAS~~	Zip 33767	Country USA

4. FEI Number 59-3783376 ☐ 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: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor
City: Miami FL Zip Code: 33145

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	George J Powers	NAME	
STREET ADDRESS	670 ISLAND WAY #701	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	CITY-ST-ZIP	
TITLE	T/S	TITLE	
NAME	ELIZABETH C POWERS	NAME	
STREET ADDRESS	670 ISLAND WAY #701	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: George J Powers GEORGE J POWERS 4-13-05 727-446-5964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #