## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P34149 DOCUMENT #

POLLOCK, RANDALL L.

3940 GLENBROOK DR.

HAILEY ID 83333

1. Entity Name

POWER ENGINEERS, CONSULTING, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90900 035 \*\*\*158.75

Principal Place of Business 3940 GLENBROOK DRIVE HAILEY ID 83333		Mailing Address P.O. BOX 1066 HAILEY ID 83333	:		
2. Principal Place of Business		3. Mailing Address	1	T TO BELLOOD LOOK LEVILL BY BOOK THE REAL BY BURNING BY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 82-0324246 Applied For Not Applicable	
Zip	Country	Žip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SYSTEM COMPANY			Name	Name	
	/S STREET		Street A	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301					
TABLET IN	OOLL 1 L 02001				
			City	FL Zip Code	
8. The above the obliga	e named entity submits this statem tions of registered agent.	ent for the purpose of changing its	registered office o	r registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE			•		
	Signature, typed or printed name of registered	l agent and title if applicable. (NOTE	E: Registered Agent signat	ure 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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAND, JACK 3940 GLENBROOK DR. HAILEY ID 83333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	DV	☐ Delete	TITLE	Chairman of Board MChange DAddition	

CITY-ST-ZIP HAILEY ID 83333 CITY-ST-ZIP TITLE DT ☐ Delete TITLE Change ☐ Addition NAME JAMES, JAN NAME STREET ADDRESS 3940 GLENBROOK DR. STREET ADDRESS CITY-ST-ZIP HAILEY ID 83333 CITY-ST-ZIP D۷ TITLE Delete TITLE Change ☐ Addition CAVANAUGH, JOHN NAME NAME 3940 GLENBROOK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAILEY ID 83333 CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE ☐ Change ☐ Addition HALVERSON, FRANK NAME NAME 3940 GLENBROOK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAILEY ID 83333 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NEIWERT, BARRY NAME NAME 3940 GLENBROOK DRIVE STREET ADDRESS STREET ADDRESS

NAME

STREET ADDRESS

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.

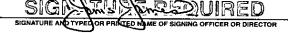
CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME

STREET ADDRESS



**3-21-03** 

(208)788·3456