


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90976 038 ***150.00

DOCUMENT # P93000006886

1. Entity Name
POWER LINE COMPONENTS, INC.



Principal Place of Business
**5340 N FEDERAL HWY
SUITE 203
LIGHTHOUSE POINT FL 33064**


Mailing Address
**5340 N FEDERAL HWY
SUITE 203
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0382227** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HILDRETH, GEORGE
3070 NW 49TH ST
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	HILDRETH, GEORGE C	
STREET ADDRESS	3070 NE 49TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	P	<input type="checkbox"/> Delete
NAME	LINDQUIST, MICHAEL	
STREET ADDRESS	1529 S.E. 8TH ST.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	JURCZAK, STEVE	
STREET ADDRESS	2641 N.E. 23RD COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZALZALA, JURI	
STREET ADDRESS	4200 NW 28TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vp	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Signature Required 2/27/03 Date 954-418-4444 Daytime Phone #

CR2E034 (10/02)