2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # **P93000012991** POWER SURGE PRODUCTIONS, INC. 05-04-2001 90020 012 ***150.00 Principal Place of Business Mailing Address 10412 MARBURY DR. 10412 MARBURY DR. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3163519 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHERN, FRED L JR. Street Address (P.O. Box Number is Not Acceptable) 2215 S. 3RD ST. SUITE 101 JACKSONVILLE BEACH FL 32250 City Zip Code FL 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 Signature, typed or printed name of registered agent and fifle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11'LE De:ete TITLE Change NAME COOPER, DENNIS B NAME STREET ADDRESS 10412 MARBURY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 TITLE ☐ Deiete THIE Change ☐ Addition NAME WHITAKE, DALE NAME STREET ADDRESS STREET ACCRESS 10412 MARBURY DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 T:T: F ☐ Delete TITLE Change Addition TIMMONS, GREGORY C NAME MAMS STREET ADDRESS STREET ADDRESS 10412 MARBURY DR. CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete TITLE ☐ Change Addition NAME LANCASTER, STEVEN STREET ADDRESS STREET ADDRESS 10412 MARBURY DR. CiTY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32246 TITLE ☐ Delete TITLE ☐ Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE STILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 cirector 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 Block 12 if changed, or on an attachment-with an address, with all other like empowered. 35 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone