


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90061 037 ***150.00

DOCUMENT # <u>993006087618</u>	
1. Entity Name <u>Powerful Lightning Protection Inc.</u> <u>307 wetlands Pl.</u> <u>St. Cloud Fl. 34771</u>	

DO NOT WRITE IN THIS SPACE

24025064

2. Principal Place of Business <u>Osceola City</u>	3. Mailing Address <u>307 wetlands Pl</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>St. Cloud Fl.</u>	City & State <u>St. Cloud Fl.</u>
Zip <u>34771</u> Country <u>Osceola</u>	Zip <u>34771</u> Country <u>Osceola</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3216368</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>GARY L. HUNTER</u>
Street Address (P.O. Box Number is Not Acceptable) <u>307 wetlands Pl</u>
City <u>St. Cloud</u> FL Zip Code <u>34771</u>

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 GARY HUNTER President ☒ **DATE** 3-13-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P. President</u> <u>GARY HUNTER</u> <u>307 wetlands Pl.</u> <u>St. Cloud Fl. 34771</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. President</u> <u>Penny Hunter</u> <u>307 wetlands Pl</u> <u>St. Cloud Fl. 34771</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: GARY HUNTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-13-04 **Daytime Phone #** 407-892-2933

CR2E034B (12/02)