

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036840

1. Entity Name
POWER PLAN MARKETING, INC.

Principal Place of Business
2902 SW 101ST TERR
GAINESVILLE FL 32607
US

Mailing Address
2902 SW 101ST TERR
GAINESVILLE FL 32607
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State ✓
Zip Country Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State ✓
OK

4. FEI Number 59-3243115 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
No Fee Required

6. Name and Address of Current Registered Agent

MORAN, DAVID
2902 SW 101ST TERR
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

OK

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.

SIGNATURE *David Moran*

(NOTE: Registered Agent signature required when reinstating)

DATE 1-6-02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSVP
NAME MORAN, DAVID P
STREET ADDRESS 2902 SW 101ST TERR
CITY-ST-ZIP GAINESVILLE FL 32607

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Moran* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-02 352 331-0553

Date

Daytime Phone #

006249 AV

CR2E034 (9/01)