

2000 UNIFORM BUSINESS REPORT (UBR)

002010

DOCUMENT # P94000092968

1. Entity Name
POWER COUNTRY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:27

Principal Place of Business

Mailing Address

RT 13 BOX 318
LAKE CITY FL 32055

RT 13 BOX 318
LAKE CITY FL 32055-9049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Power Country, Inc.

City & State

P.O. Box 2529

Zip

Country

Lake City, FL 32056-2529



REINSTATEMENT

4. FEI Number 59-3286070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRICKSON, ROBERT
RT 13 BOX 318
FRONTIER DR
LAKE CITY FL 32055

Name
RONALD H. PEACOCK

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

RT 13 BOX 318

FRONTIER DRIVE

City
LAKE CITY

FL

Zip Code
32055

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 *Ron Peacock* 2-11-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTON, LOUIS D II 3821 COVE DR BIRMINGHAM AL 35213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4000003482064--3 -11/30/00--01106--012 ****750.00 ****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Louis D. Bolton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

904-755-4102

Daytime Phone #

CR2E034 (9/99)