

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90138 038 \*\*\*150.00

**DOCUMENT # P95000047097**

1. Entity Name  
**PROWEX, INC.**

Principal Place of Business  
**10915 BONITA BEACH ROAD SE SUITE 2141  
BONITA SPRINGS FL 33923**

Mailing Address  
**10915 BONITA BEACH ROAD SE SUITE 2141  
BONITA SPRINGS FL 33923**

975440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0595119**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEWART, JAMES C JR  
11925 COLLIER BLVD STE 101  
GOLDEN GATE FL 34116**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **SCHNEEBELI, JURG**  
STREET ADDRESS **10915 BONITA BEACH ROAD SE**  
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

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  
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: **SIGNATURE REQUIRED**

8-14-02

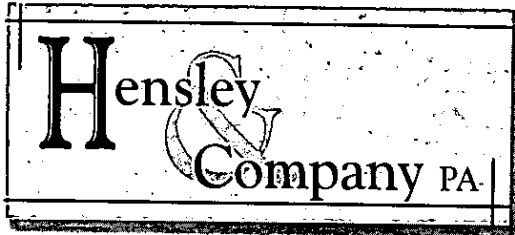
239 992 6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment  
975440



The CPA. Never Underestimate The Value.®

American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

**Certified Public Accountants**

Wednesday, August 14, 2002

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: PROWEX. INC**

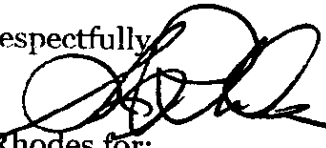
**FEL: 65-0595119**  
**DOC. P95000047097**

Dear Sirs:

Please find my client's Uniform Business Report and check for \$150.00.  
Neither Mr Schneebeli nor Mr Stewart received the original Uniform Business Report. Please waive the penalty and interest and clear the account.

Thank you,

Respectfully,

  
Susan Rhodes for:  
Hensley & Company, PA

Dear Sirs:

DOC: 123456789

10911 Bonita Beach Road, Pine Haven # 2081, Bonita Springs, FL 34135  
Tel. 941. 992.6060 Fax 941. 992.9506 karey@hensley-co.net

Attachment 975440 P9500047097

Form **2848**  
(Rev. December 1997)  
Department of the Treasury  
Internal Revenue Service

# Power of Attorney and Declaration of Representative

▶ See the separate instructions.

OMB No. 1545-0150  
For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part I Power of Attorney (Please type or print.)

### 1 Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address

PROWEX, INC  
10915 Bonita Beach Rd 2141  
Bonita Springs, FL 33923

Social security number(s)

Employer identification  
number

65 0595119

Daytime telephone number

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

### 2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address

Karey Hensley CPA

10911 Bonita Beach Road, Ste 208  
Bonita Springs, FL 34135

CAF No. 6505-77258 R

Telephone No. 941-992-6060

Fax No. 941-992-9506

Check if new: Address ☒

Telephone No. ☐

Name and address

Neely Hensley

10911 Bonita Beach Road, Ste 208  
Bonita Springs, FL 34135

CAF No. 6506-06943R

Telephone No. 941-992-6060

Fax No. 941-992-9506

Check if new: Address ☒

Telephone No. ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐

Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

### 3 Tax matters

| Type of Tax (Income, Employment, Excise, etc.) | Tax Form Number (1040, 941, 720, etc.) | Year(s) or Period(s) |
|--|--|----------------------|
| Income   | 11205                                  | 2000, 2001           |
| payroll  | 941, 940                               | 2000, 2001           |

### 4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4—Specific uses not recorded on CAF.)

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5—Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

### 6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

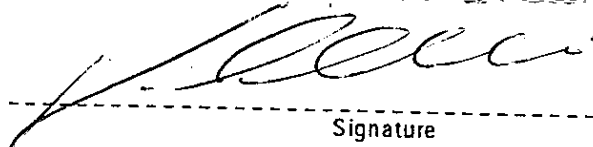
Cal. No. 11980J

Form **2848** (Rev. 12-97)

Attachment

975440 P95000047097 Page 2

- 7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.
- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☐
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c If you do not want any notices or communications sent to your representative(s), check this box ☐
- 8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. ☐
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.



Signature

03/10/00

Date

President

Title (if applicable)

Juerg Schneebeil

Print Name

Signature

Date

Title (if applicable)

Print Name

### Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d Officer—a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

| Designation—Insert above letter (a-h) | Jurisdiction (state) or Enrollment Card No. | Signature  | Date    |
|---------------------------------------|---|------------|---------|
| b                                     | FL  | K. Kiser   | 3/10/00 |
| h                                     | FL  | M. Hensley | 3/10/00 |
| h                                     | FL  |            |         |