

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90111 025 \*\*\*158.75

DOCUMENT # P960000021089 ✓  
1. Entity Name  
PROPERTY ASSET CORPORATION

**DO NOT WRITE IN THIS SPACE**

**B0056826**

2. Principal Place of Business  
1950 LEE PK  
Suite, Apt. #, etc.  
SUITE 119

3. Mailing Address  
PO BOX 2843  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WINTER PARK  
Zip  
32789 Country  
ORANGE

City & State  
WINTER PARK  
Zip  
32790 Country  
ORANGE

4. FEI Number  
59-336-7351 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
William J POWERS  
Street Address (P.O. Box Number is Not Acceptable)  
110 DELLWOOD DR  
City  
LONGWOOD FL Zip Code  
32750

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 William J Powers DATE 3-18-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES.</u> <u>William J POWERS</u> <u>110 DELLWOOD DR</u> <u>LONGWOOD FL 32750</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: William J Powers DATE 3/18/02 DAYTIME PHONE # 407-428-4230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)