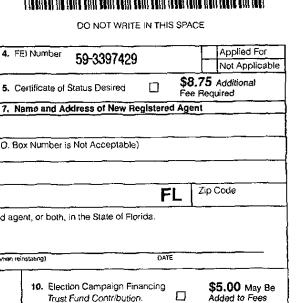
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000078276 ARMAND POWERS, INC. Mailing Address Principal Place of Business 12421 N. FLORIDA AVE :242: N. FLORIDA AVE B-125 125 TAMPA FL 33612-4267 1AMPA FL 33612 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. City & State 4. FEI Number City & State 59-3397429 Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name REPH, SCOTT T SR. Street Address (P.O. Box Number is Not Acceptable) 507 SHADOW GROVE COURT LUTZ FL 33549 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Delete TITLE TITLE REPH, ALPHA I NAME NAME STREET ADDRESS 507 SHADOW GROVE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549-4485 Change ☐ Delete TITLE REPH. SCOTT T SR. NAME NAME STREET ADDRESS 507 SHADOW GROVE COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LUTZ FL 33549-4485 ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED May 15, 2000 8:00 am Secretary of State

03-03-2000 90236 041 ***150.00



NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CIFY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

Delete

CR2E034 (9/99)

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