

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90911 035 ***150.00

DOCUMENT # P96000104292
 1. Entity Name
NORTH FLORIDA POWERCHUTES, INC.

Principal Place of Business 2620-2 BLANDING BLVD. SUITE #119 MIDDLEBURG FL 32068 US	Mailing Address 2620-2 BLANDING BLVD. SUITE #119 MIDDLEBURG FL 32068 US
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30094416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2620-2 Blanding Blvd Suite, Apt. #, etc. Ste #119 City & State Middleburg FL 32068 Zip 32068 Country Clay	3. Mailing Address 2620-2 Blanding Blvd Suite, Apt. #, etc. Ste 119 City & State Middleburg FL Zip 32068 Country Clay
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4. FEI Number 59-3429034	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIMBRELL, MICHELLE R
1981 CORNELL ROAD
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent
 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.
 SIGNATURE Michelle R. Kimbrell Michelle R. Kimbrell 4/26/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIMBRELL, MICHELLE R 1981 CORNELL ROAD MIDDLEBURG FL 32068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIMBRELL, MICHELLE R 1981 CORNELL ROAD MIDDLEBURG FL 32068 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Michelle R. Kimbrell 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #