

8/15

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

08-15-2001 90006 022 \*\*\*150.00

### 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97 0000 19459

1. Entity Name

POWERS FLOORING & ASSOCIATES, INC.

(R)

Principal Place of Business

10706 PALMETTO ST.  
RIVERVIEW, FL 33569

Mailing Address

P.O. Box 1115  
RIVERVIEW, FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 - 3445537

Applied For

Not Applicable

Zip

Country

HILLSBOROUGH

Zip

Country

HILLSBOROUGH

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

STEVEN POWERS  
~~P.O. Box 1115~~ 11001 ESTRES DEL SOL  
RIVERVIEW, FL 33569

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

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, 2001 Fee will be \$350.00  
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	STEVEN E. POWERS P.O. Box 1115 RIVERVIEW, FL 33569	<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"/> 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
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 118.07(3)(f), 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:

*Steven Powers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-01

Date

Daytime Phone #

CR20034 (11/00)

Attachments 11937

# P97000018V59

Powers Flooring and Associates, Inc. [REDACTED]

P. O. Box 1115  
Riverview, FL 33569-7734  
Tel: (813) 220-3748

August 03, 2001

Florida Department of State  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attention: UBR 2001

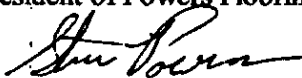
We did not receive the new 2001 UBR at the above address.

Enclosed is the reinstatement papers filed in October 2000 and paying \$1050.00. Since we did not receive the 2001 UBR, we thought that we were paid up through 2001.

Please accept this form (downloaded from the internet after speaking to (850) 245-6059) and the check as payment for the 2001 UBR.

Sincerely,

Steven E. Powers,  
President of Powers Flooring and Associates, Inc.



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

*Attachment  
11937*

DOCUMENT # **P 97 0000 18459**

1. Corporation Name  
**POWERS FLOORING & ASSOCIATES, INC.**

2. Principal Office Address

3. Mailing Office Address

**P.O. Box 1115**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**RIVERVIEW, FL**

Zip

Country

Zip

Country

**33569**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2-21-97**

5. FEI Number

**59-3445537**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**Additional Fee required for Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>PRES.</b>	<b>STEVEN E. POWERS</b>	<b>P.O. Box 1115</b>	<b>RIVERVIEW, FL 33569</b>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 19.07(2)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-3-2000**

Date

Division: Florida 8

**COPY**

Attachment 1937

SBA

SHERRY BAUER & ASSOCIATES, INC.  
D/B/A SOUTH BAY ACCOUNTING  
PH. 813-671-1493  
10313 ASHLEY OAKS DR.  
RIVERVIEW, FL 33569

H 997 000 1958 <sup>14459</sup>

63-27/631 R  
1482

DATE 10-31-90

PAY TO THE ORDER OF Department of State \$ 1,050.00

One Thousand Fifty and 00/100 DOLLARS

NationsBank  
NationsBank, N.A.

ACH NY 063100277

FOR FEIN: 69-3445837 Powers Flooding & Assoc, Inc. Sherry Lee Bauer

⑈001958⑈ ⑆063100277⑆ 003603292626⑈