

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 011 ***150.00

DOCUMENT # P97 000018459

1. Entity Name
POWERS FLOORING & ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

B0061640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11001 ESTATES DEL SOL Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1115 Suite, Apt. #, etc.	
City & State RIVERVIEW, FL		City & State RIVERVIEW	
Zip 33569	Country USA	Zip 33569	Country USA

4. FEI Number 59-3445537		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
POWERS, STEVE E

Street Address (P.O. Box Number is Not Acceptable)
11001 ESTATES DEL SOL

City RIVERVIEW **FL** **Zip Code** 33569

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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME POWERS, STEVE E.	TITLE	
STREET ADDRESS P.O. Box 1115	CITY - ST - ZIP RIVERVIEW, FL 33569	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steve E. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-30-02 Daytime Phone #: 815-727-6119

CR2E034B (12/01)