

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90135 048 ***150.00

DOCUMENT # P97000092522

1. Entity Name
SALES POWER, INC.



Principal Place of Business
**9715 W BROWARD BLVD #244
PLANTATION FL 33324**

Mailing Address
**9715 W BROWARD BLVD #244
PLANTATION FL 33324**

2. Principal Place of Business

9715 W. BROWARD BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

244

Suite, Apt. #, etc.

244

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

6. Name and Address of Current Registered Agent

**SOMMER, HARVEY D
3450 NORTHLAKE BLVD #50
PALM BEACH GARDENS FL 33403**

4. FEI Number **65-0789831**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sherry Clodgo, President**

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

(NOTE: Registered Agent signature required when reinstating)

3-3-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CLODGO, SHERRY**
STREET ADDRESS **9715 W BROWARD BLVD #244**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **CLODGO, PHIL**
STREET ADDRESS **9715 W BROWARD BLVD #244**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Clodgo, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

954-424-3404

Date

Daytime Phone #

CR2E034 (10/02)