

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90108 038 ***150.00

DOCUMENT # *PA9800008281*

1. Entity Name
Powerful Associates Inc.

Principal Place of Business Mailing Address
3116 Golden Rock Dr

80101763

2. Principal Place of Business
3116 Golden Rock Dr

Suite, Apt. #, etc. *N/A*

City & State *Orlando FL*

Zip *32818* Country *Orange*

4. FEI Number *59-3504851-12092* Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Patricia I Beckford
3116 Golden Rock Dr
Orlando FL 32818

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 *Patricia I Beckford*

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	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>HARRIS A LEROY</i>	
STREET ADDRESS	<i>955-B APOCYN AVE</i>	
CITY-ST-ZIP	<i>WINTER PARK 32789</i>	
TITLE	<i>VICE PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>BECKFORD PATRICIA</i>	
STREET ADDRESS	<i>3116 Golden Rock Dr.</i>	
CITY-ST-ZIP	<i>ORL FL 32818</i>	
TITLE	<i>SEHEWNING DIANA</i>	<input type="checkbox"/> Delete
NAME	<i>H06 Longwood Cir</i>	
STREET ADDRESS	<i>Longwood FL 32750</i>	
TITLE	<i>TREASURER</i>	<input type="checkbox"/> Delete
NAME	<i>PATRICIA BECKFORD</i>	
STREET ADDRESS	<i>3116 Golden Rock Dr</i>	
CITY-ST-ZIP	<i>ORL FL 32818</i>	
TITLE	<i>COLEMAN Julie</i>	<input type="checkbox"/> Delete
NAME	<i>7255 Hawassee Dr</i>	
STREET ADDRESS	<i>ORL FL 32808</i>	
CITY-ST-ZIP		
TITLE	<i>HARRIS A Ceganne</i>	<input type="checkbox"/> Delete
NAME	<i>3004 N. Powers Dr</i>	
STREET ADDRESS	<i>ORL FL 32818</i>	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Patricia I Beckford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 292 2086

CR2E034 (9/99)