

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 046 ***150.00

DOCUMENT #

P98000021807

1. Entity Name

POWER WISE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18027 Clear Brook Cir
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

4. FEI Number

59-3499150

Applied For

Not Applicable

Zip

Country

33498

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Lumsden

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

18027 Clear Brook Circle

City

Boca Raton

FL

Zip Code

33498

**DO NOT WRITE
IN THIS SPACE**

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

John Lumsden
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)

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
John Lumsden
18027 Clear Brook Cir
Boca Raton, FL 33498

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Melvin I. Kanar
4549 Snowy Egret Ct.
Naples, FL 34119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Paul Kelley
606 Elm Tree Lane
Boca Raton, FL 33486

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

John Lumsden
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-19-02 561-715-7400

Date:

Daytime Phone #

CR2E034B (12/01)