

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90127 010 ***150.00

DOCUMENT # P98000066458

1. Entity Name
L & M POWELL, INC.

Principal Place of Business

**999 SR 434 WEST
 LONGWOOD FL 32750**

Mailing Address

**999 SR 434 WEST
 LONGWOOD FL 32750**

80134656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

993 SR 434 WEST

3. Mailing Address

1024 DUNHURST CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

59-3527217

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POWELL, RALPH JACK
 999 W. ST. RD. 434
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name

POWELL, RALPH J

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

1024 DUNHURST CT

City

LONGWOOD

FL

Zip Code

32779

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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
**PSTD
 POWELL, JACK
 1024 DUNHURST CT
 LONGWOOD FL 32779** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT
 POWELL, JACK
 1024 DUNHURST CT.
 LONGWOOD, FL 32779** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S.T.
 POWELL, LINDA
 1024 DUNHURST CT
 LONGWOOD FL 32779** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR, MANAGER
 G. MICHAEL MARKS
 175 POSTE RAIL RD
 LONGWOOD, FL 32750** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAIPH S POWELL

Date

Daytime Phone #

8/15/02 407-6825653

CR2E034 (4/02)

Attachment
P98000066458

August 7, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORTS FILINGS
P.O.BOX 1500
TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

Due to a fire on January 1, 2001 at our place of business, the first copy of our corporation papers was not forwarded to our home address. Please find enclosed a check for \$150.00.

Thank you,


Ralph S. Powell

RJP/LSP