

# 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	Delete
PSTD	POWELL, JACK	1024 DUNHURST CT	LONGWOOD FL 32779	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	POWELL, JACK	1024 DUNHURST CT.	LONGWOOD, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.T.	POWELL, LINDA	1024 DUNHURST CT	LONGWOOD FL 32779	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR, MANAGER	G. MICHAEL MARKS	175 POSTE RAIL RD	LONGWOOD, FL 32750	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**POWELL, RALPH J POWELL**

**8/15/02**

**407-6825653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*# P9800006688*

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