

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91180 016 \*\*\*150.00

0091624 AV

**DOCUMENT # P98000066458**

1. Entity Name  
**L & M POWELL, INC.**



Principal Place of Business  
**999 WEST STATE ROAD 434  
LONGWOOD FL 32750**

Mailing Address  
**1024 DUNHURST CT  
LONGWOOD FL 32779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **47-0889386**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, RALPH JACK  
1024 DUNHURST CT  
LONGWOOD FL 32779**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POWELL, JACK</b>	
STREET ADDRESS	<b>1024 DUNHURST CT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>POWELL, LINDA</b>	
STREET ADDRESS	<b>1024 DUNHURST CT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>DMGR</b>	<input type="checkbox"/> Delete
NAME	<b>MARKS, MICHAEL G</b>	
STREET ADDRESS	<b>175 POST AND RAIL ROAD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RECORDED RALPH S POWELL**

**5/1/03**

CR2E034 (10/02)

ATTACHMENT  
90129936  
P98000066458

May 1, 2003

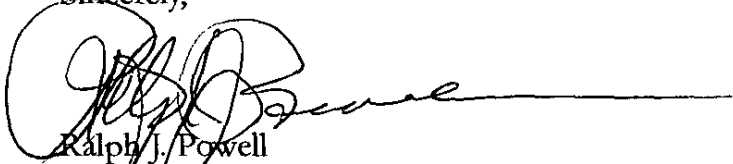
Division of Corporations  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Division of Corporations,

FILING OF UBR

At this time I am requesting that you waive the late fee for corporation filing. I was hospitalized and got behind in the things that were required to be done by a certain date.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ralph J. Powell', followed by a horizontal line.

Ralph J. Powell  
President/Reg. Agent  
L & M POWELL, INC

Enclosure (1)

RJP/RJP

1024 DUNHURST CT.  
LONGWOOD, FL 32779