

**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

995 WEST STATE
Suite, Apt. #, etc. ROAD 434

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **47-0889386**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 Delete
NAME **P**
POWELL, JACK
STREET ADDRESS **1024 DUNHURST CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ST**
POWELL, LINDA
STREET ADDRESS **1024 DUNHURST CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DMGR**
MARKS, MICHAEL G
STREET ADDRESS **175 POST AND RAIL ROAD**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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

[Signature] **RECORDED RALPH S POWELL**

Date

Daytime Phone #

5/1/03

CR2E034 (10/02)

ATTACHMENT
90129936
P98000066458

May 1, 2003

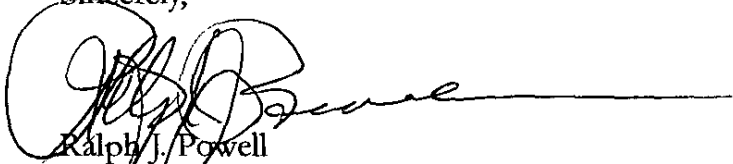
Division of Corporations
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

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,



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

Enclosure (1)

RJP/RJP

1024 DUNHURST CT.
LONGWOOD, FL 32779