

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90140 039 \*\*\*150.00

**DOCUMENT # P98000068257**

1. Entity Name  
**POWERPLUS ELECTRIC, INC.**



Principal Place of Business  
**224 E. GOVERNMENT STREET  
PENSACOLA FL 32501**

Mailing Address  
**PO BOX 13145  
PENSACOLA FL 32591**

2. Principal Place of Business

3. Mailing Address

**309 S. Palafox St.**  
Suite, Apt. #, etc.

**SAME AS ABOVE**  
Suite, Apt. #, etc.

City & State  
**Pensacola, FL**

City & State

Zip  
**32501**

Country

**USA**

Zip

Country

4. FEI Number  
**59-3537086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TIDWELL, DON E  
8432 RAMSGATE  
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name  
**TIDWELL, DON E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 FT. PICKENS RD. #208**

City  
**Pensacola Beach** **FL** Zip Code  
**32561**

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

(NOTE: Registered Agent signature required when reinstating)

**DON TIDWELL**  
**VICE PRESIDENT**

**1-9-03**  
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

TITLE  
**P** ☐ Delete  
NAME  
**GRIFFIN, JOHNNY L**  
STREET ADDRESS  
**6561 SCENIC HWY**  
CITY-ST-ZIP  
**PENSACOLA FL 32501**

TITLE  
**VP** ☐ Delete  
NAME  
**TIDWELL, DONALD E**  
STREET ADDRESS  
**100 FT PICKENS RD #208**  
CITY-ST-ZIP  
**PENSACOLA FL 32561**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P** ☒ Change ☐ Addition  
NAME  
**GRIFFIN, JOHNNY L.**  
STREET ADDRESS  
**4078 CUNLEW DR.**  
CITY-ST-ZIP  
**PENSACOLA, FL 32514**

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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]** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DON TIDWELL**

**VICE-PRESIDENT 1-9-03**

Date

**850-**

**429-0455**

Daytime Phone #

CR2E034 (10/02)