

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014670

1. Entity Name

P.W.E.R., INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90095 024 ***150.00

Principal Place of Business

Mailing Address

989 HIDDEN TERRACE RD.
NAPLES FL 34104

989 HIDDEN TERRACE RD.
NAPLES FL 34104-4476

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

65-0894416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITKIN, JERALD R ESQ.
4947 TAMiami N., STE. 202
NAPLES FL 34103

Name

PATRICK W. ROSE

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

989 HIDDEN TERRACE RD.

City

NAPLES

FL

Zip Code
34104

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PDST
ROSE, PATRICK W
989 HIDDEN TERRACE RD.
NAPLES FL 34104

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment
off P9900014670
DW78650

August 3, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

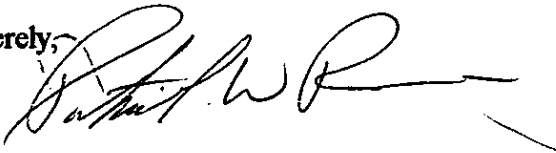
Re: P.W.E.R., Inc.
Document: P99000014670
2000 Uniform Business Report

Gentlemen:

With reference to the above document, and confirming my conversation with one of your agents, I am notifying you that I did not receive my Annual Report until just recently. I cannot afford to pay the \$550.00 with this form. As recommended by your agent, I am enclosing my check in the amount of \$150.00.

Thank you.

Sincerely,



Patrick W. Rose
President

/rr