

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90073 021 ***150.00

DOCUMENT # P99000019741

1. Entity Name
3/POWERS INC.

Principal Place of Business
5609-A TIMUQUANA ROAD
JACKSONVILLE FL 32210

Mailing Address
5609-A TIMUQUANA ROAD
JACKSONVILLE FL 32210

2. Principal Place of Business
8063 Raymond Street

3. Mailing Address
8063 Raymond St.

City & State
Jacksonville, FL

City & State
JACKSONVILLE, FL.

Zip
32221

Country
USA

Zip
32221

Country
USA

4. FEI Number **59-3561487**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
POWERS, WALTER D
5609-A TIMUQUANA ROAD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
 Name **WALTER D. POWERS**
 Street Address (P.O. Box Number is Not Acceptable)
8063 Raymond Street
 City **JACKSONVILLE** FL **32221**

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]* DATE **4/27/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, WALTER D 5609-A TIMUQUANA ROAD JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, WALTER D 8063 Raymond Street JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, GERALD 5609-A TIMUQUANA ROAD JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, GERALD 8063 Raymond Street JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, JEAN 5609-A TIMUQUANA ROAD JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, JEAN 8063 Raymond Street JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE **4/27/02** DAYTIME PHONE # **904-781-8157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEAN W. POWERS

CR2E034 (9/01)