2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am Secretary of State DOCUMENT # P99000025528 POWER BROTHERS.COM. INC. 02-15-2001 90333 031 ***150.00 Principal Place of Business Mailing Address 6801 LAKE WORTH RD 6801 LAKE WORTH RD SUITE 205 SUITE 205 OUVERDO LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0908944 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CLEMENTS. CURTIS** Street Address (P.O. Box Number is Not Acceptable) 6801 LAKE WORTH RD SUITE 205 LAKE WORTH FL 33467 City 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE TITLE ☐ Delete ☐ Addition NAME CLEMENTS, CURTISS A NAME STREET ADDRESS STREET ADDRESS 6043 WEDGEWOOD VILLAGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 STD TITLE ☐ Change ☐ Addition TITLE ☐ Detete NAME NAME LONG, JOHN A STREET ADDRESS STREET ADORESS 5205 N.W. 51ST STREET CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachment

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

lements

☐ Delete

☐ Addition

Change