

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90128 036 ***150.00

DOCUMENT #

1. Entity Name

Powerhead Exchange, Inc.
3125 W. Hillsborough Ave., #B
Tampa, FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. **Powerhead Exchange, Inc.**
3125 W. Hillsborough Ave., #B
City & State **Tampa, FL 33614**

Suite, Apt. & etc. **Powerhead Exchange, Inc.**
3125 W. Hillsborough Ave., #B
City & State **Tampa, FL 33614**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3568865

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VAUGHN LONGMIRE

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

3125 W. HILLSBOROUGH AVE #B

City

TPA, FL.

FL

Zip Code

33614

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PRESIDENT**
NAME **VAUGHN LONGMIRE**
STREET ADDRESS **PO BOX 151537**
CITY - ST - ZIP **TPA, FL. 33684**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.10.02 813673 8866

CR2E034B (12/01)

Powerhead Exchange, Inc.
3125 W. Hillsborough Ave., #8
Tampa, FL 33614

Attachment

E99000035309
121765

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

813 673 8866
Tallahassee, FL 32302

12/17/05

To Whom It May Concern:

Enclosed you will find our U.B.R. We never received the renewal notice due for May 1. We Moved to a new location and the notice may not have been forwarded. Please remove any late charges from our records. Enclosed please make note of address change.

Thank You

Vaughn Longmire
813 673 8866

Vaughn Longmire