

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059569

1. Entity Name

SYDNEY'S POWERLINE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90025 048 ***150.00

Principal Place of Business

Mailing Address

2983 N. POWERLINE RD.
POMPANO BEACH FL 33069

2983 N. POWERLINE RD.
POMPANO BEACH FL 33069-1011

2. Principal Place of Business

1072A E. Newport CTR OR

3. Mailing Address

1072A E. Newport CTR OR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Bch FL

City & State

Deerfield Bch FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

33442

US

Zip

Country

33442

US

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

ELLMAN, EDWARD R
2983 N. POWERLINE RD.
POMPANO BEACH FL 33069

Name

Ellman, Edward

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

1072A E. Newport CTR OR

City
Deerfield Bch

FL

Zip Code
33442

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)

4-7-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLMAN, EDWARD R
2983 N. POWERLINE RD.
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Ellman, Edward
18262 Daybreak DR.
Boca Raton, FL 33496 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

954-978-8000

Daytime Phone #

CR2E034 (9/99)