

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060999

1. Entity Name

REVENGE POWER, INC.

05-22-2000 90070 040 ***150.00

P99000060999

FILED

00 JUL -6 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~5795 ORANGE DRIVE~~
~~DAVIE FL 33314~~

~~5795 ORANGE DRIVE~~
~~DAVIE FL 33314~~

2. Principal Place of Business

1771 SW 7th Ave

Suite, Apt. #, etc.

3. Mailing Address

1771 SW 7th Ave

Suite, Apt. #, etc.

City & State

Pompano Bch, FLA.

Zip 33060

Country Broward

City & State

Pompano Bch, FLA.

Zip 33060

Country Broward

4. FEI Number

65-2095767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIRES, HOWARD

~~5795 ORANGE DRIVE~~
~~DAVIE FL 33314~~

7. Name and Address of New Registered Agent

Name

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

1771 SW 7th Ave

City Pompano Bch

FL

Zip Code 33060

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

Howard Spires

5/1/00

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPIRES, HOWARD	
STREET ADDRESS	5795 ORANGE DRIVE	1771 SW 7th Ave
CITY-ST-ZIP	DAVIE FL 33314	Pompano Bch, FLA
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		33060
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SP

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:

Howard Spires

5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034 (9/99)