

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90382 009 ***550.00

DOCUMENT # P99000060999

1. Entity Name
REVENGE POWER, INC.

Principal Place of Business
1771 S.W. 7TH AVE
POMPANO BEACH FL 33060

Mailing Address
1771 S.W. 7TH AVE
POMPANO BEACH FL 33060

2. Principal Place of Business
2391 SW 57AV
 Suite, Apt. #, etc.

3. Mailing Address
2391 SW 57AV
 Suite, Apt. #, etc.

City & State
Hollywood FL
 Zip
33023
 Country
USA

City & State
Hollywood FL
 Zip
33023
 Country
USA

4. FEI Number **65-2095767**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIRES, HOWARD
1771 S.W. 7TH AVE
POMPANO BEACH FL 33060

Name **Spires Howard**
 Street Address (P.O. Box Number is Not Acceptable)
2391 SW 57AV
 City **Hollywood** FL Zip Code **33023**

7. Name and Address of New Registered Agent

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 **James H Spires**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/02
 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, 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPIRES, HOWARD 1771 S.W. 7TH AVE POMPANO BEACH FL 33060 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-983 9737

CR2E034 (9/01)