

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90094 030 ***150.00

DOCUMENT # P99000064489

1. Entity Name

ADVANTAGE PLANT DESIGN & LEASING, INC.



Principal Place of Business

768 NORTH NOVA RD.
DAYTONA BEACH FL 32114

Mailing Address

768 NORTH NOVA RD.
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POWER, JESSE A.

**1889 SOUTH GLENCOE ROAD
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name **Jesse A. Power**

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

108 S. Peninsula Avenue

City **New Smyrna Beach FL**

Zip Code **32169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Jesse A. Power

1-8-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **POWER, RALPH J**
STREET ADDRESS **1889 S GLENCOE ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **P** ☒ Change ☐ Addition
NAME **Power, Ralph J.**
STREET ADDRESS **108 S. Peninsula Ave.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **V** ☐ Delete
NAME **POWER, ALETHA B**
STREET ADDRESS **1889 S GLENCOE ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **V** ☒ Change ☐ Addition
NAME **Power, Aletha B.**
STREET ADDRESS **108 S. Peninsula Ave.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **ST** ☐ Delete
NAME **CORTESE, BARBARA T**
STREET ADDRESS **101 N DAYTONA AVENUE**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

TITLE **O** ☐ Delete
NAME **POWER, JEFFREY D**
STREET ADDRESS **1889 S GLENCOE ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **O** ☒ Change ☐ Addition
NAME **Power, Jefferey D.**
STREET ADDRESS **25 Azalea Dr.**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **O** ☐ Delete
NAME **POWER, JESSE A**
STREET ADDRESS **1889 S GLENCOE ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Change ☐ Addition
NAME **Power, Jesse A**
STREET ADDRESS **108 S. Peninsula Ave.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse A. Power 1-8-03 386-566-2088
Date Daytime Phone #