2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000065441** POWER HOUSE EQUIPMENT, INC. 03-27-2000 90067 002 ***150.00 Principal Place of Business Mailing Address 1410 RIDGEWOOD AVE. 1410 RIDGEWOOD AVE. HOLLY HILL FL 32117 HOLLY HILL FL 32117-2322 60044343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, EDWARD D Street Address (P.O. Box Number is Not Acceptable) 1410 RIDGEWOOD AVE. HOLLY HILL FL 32117 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition ☐ Delete NAME MALMBERG, RONALD W 163 EDWARDS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, EDWARD D NAME STREET ADDRESS 809 FLAMINGO DR. STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP - 🖸 Delete TITLE TITLE-☐ Change ~ ☐ 'Addition MCDOWELL, GEORGE NAME NAME STREET ADDRESS 163 EDWARDS ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 suppremental 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 occiver of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR