

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90009 040 ***150.00

DOCUMENT # P99000071669

1. Entity Name

POWELL'S PLAZA, INC.

Principal Place of Business

Mailing Address

1505 SE 40th Street, Suite C
 Cape Coral, FL 33904

1505 SE 40th Street, Suite C
 Cape Coral, FL 33904

2. Principal Place of Business

1505 SE 40th Street, Suite C

Suite, Apt. #, etc.

3. Mailing Address

1505 SE 40th Street, Suite C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

C0036510

City & State
 Cape Coral, FL

City & State
 Cape Coral, FL

4. FEI Number
 65-0941912

Applied For
 Not Applicable

Zip
 33904

Country

Zip
 33904

Country

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

Additional
 Fee Required

6. Name and Address of Current Registered Agent

James W. Amburn
 1505 SE 40th Street, Suite C
 Cape Coral, FL 33904

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 ☐ \$5.00
 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS Goetz, Jens
 CITY - ST - ZIP 2119 SW 52nd Street
 Cape Coral, FL 33914

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

TITLE ☐ Delete
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 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)