

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90033 008 ***150.00

DOCUMENT # P99000084432

1. Entity Name

POWERS FINANCIAL & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

107 DR. MARTIN LUTHER KING, JR. AVE.,
~~SUITE E-2~~
 INVERNESS FL 34450

107 DR. MARTIN LUTHER KING, JR. AVE.,
~~SUITE E-2~~
 INVERNESS FL 34450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 2

City & State

Suite, Apt. #, etc.

SUITE 2

City & State

65-0952385

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWERS, DEBRA
 107 DR. MARTIN LUTHER KING, JR. AVE.,
~~SUITE E-2~~
 INVERNESS FL 34450

Name

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

SUITE 2

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  **DEBRA POWERS**

(NOTE: Registered Agent signature required when reinstating)

3/5/01

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, 2001 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 **PD** ☐ Delete
 NAME **POWERS, DEBRA**
 STREET ADDRESS **107 DR. MARTIN LUTHER KING, JR. AVE., SUIT**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **STD** ☐ Delete
 NAME **DAVIS, CATHERINE**
 STREET ADDRESS **107 DR. MARTIN LUTHER KING, JR. AVE., SUIT**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(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:  **DEBRA POWERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

Daytime Phone #

CR2E034 (10/00)