

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90047 028 ***150.00

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DOCUMENT # P99000084432

1. Entity Name

POWERS FINANCIAL & ASSOCIATES, INC.

Principal Place of Business

~~107 DR. MARTIN LUTHER KING, JR. AVE.,
 STE 2
 INVERNESS FL 34450~~

Mailing Address

~~107 DR. MARTIN LUTHER KING, JR. AVE.,
 STE 2
 INVERNESS FL 34450~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12478 S. Hyacinth Pt.
 Suite, Apt. #, etc
 Floral City
 Florida**

3. Mailing Address

**12478 S. Hyacinth Point
 Suite, Apt. #, etc
 Floral City, Florida**

4. FEI Number

65-0952385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

change of Address

7. Name and Address of New Registered Agent

Name **Debra Powers**
 Street Address (P.O. Box Number is Not Acceptable) **12478 S. Hyacinth Point**
 City **Floral City** FL Zip Code **34436**

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, 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	PD	<input type="checkbox"/> Delete
NAME	POWERS, DEBRA	
STREET ADDRESS	107 DR. MARTIN LUTHER KING, JR. AVE., SUIT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, CATHERINE	
STREET ADDRESS	107 DR. MARTIN LUTHER KING, JR. AVE., SUIT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Powers	
STREET ADDRESS	12478 S. Hyacinth Pt.	
CITY-ST-ZIP	Floral City, FL 34436	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine Davis	
STREET ADDRESS	12478 S. Hyacinth Pt.	
CITY-ST-ZIP	Floral City, FL 34436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jan. 02

Date

Daytime Phone #

CR2E034 (9/01)