

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085002

1. Entity Name

KERRY T. POWELL, P.A.

Principal Place of Business

8000 S US HWY ONE STE 301
PORT ST LUCIE FL 34952

Mailing Address

PO BOX 8046
PORT ST LUCIE FL 34985

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8000 S. U.S. HWY 1

STE 301

PORT ST LUCIE FL

34952

USA

4. FEI Number

65-0457390

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL-POWELL, KERRY T
8000 S US HWY ONE STE 301
PORT ST LUCIE FL 34952

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

Kerry T. Powell

KERRY T. POWELL, OWNER/SOLE PROPRIETOR

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PRESIDENT/OWNER
NAME KERRY T. NEWELL-POWELL
STREET ADDRESS 8000 S. U.S. HWY ONE, SUITE 301
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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:

Kerry T. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/00

(561) 344-5554

Daytime Phone #



REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 10:29

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