

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19412

1. Entity Name

H. DOUGLAS POWELL, P.A.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90042 008 ***150.00

Principal Place of Business

6950 CYPRESS ROAD
SUITE 103
PLANTATION FL 33317
US

Mailing Address

6950 CYPRESS ROAD
SUITE 103
PLANTATION FL 33317
US

2. Principal Place of Business

3. Mailing Address

7479 VIALE ANGELO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DELRAY BEACH, FL

Zip

Country

Zip

Country

33446

USA

4. FEI Number 59-3044168

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

POWELL, H. DOUGLAS
6190 WOODLANDS BLVD #213
TAMARAC FL 33319

Name H. Douglas Powell
Street Address (P.O. Box Number is Not Acceptable)
7479 VIALE ANGELO
City DELRAY BEACH FL 33446

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

4-30-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME POWELL, H. DOUGLAS
STREET ADDRESS 6950 CYPRESS ROAD STE. 103
CITY-ST-ZIP PLANTATION FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2001 - 9545838600

CR2E034 (10/00)