

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90074 030 \*\*\*150.00

**DOCUMENT # S19412**

1. Entity Name  
**H. DOUGLAS POWELL, P.A.**



Principal Place of Business  
**1750 CARILLON PARK DRIVE  
OVIEDO FL 32765  
US**

Mailing Address  
**1750 CARILLON PARK DRIVE  
OVIEDO FL 32765  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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, N. DOUGLAS  
1750 CARILLON PARK DRIVE  
OVIEDO FL 32765**

Name **H. Douglas Powell**

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

**7400**

City

**Same**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**H. Douglas Powell**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-15-03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>POWELL, H. DOUGLAS</b>	
STREET ADDRESS <b>1750 CARILLON PARK DRIVE</b>	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**H. Douglas Powell Pres.**  
**H. DOUGLAS POWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-2003 407 382 3256**

Date

Daytime Phone #

CR2E034 (10/02)