

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90538 030 ***150.00

DOCUMENT # V20940

1. Entity Name
POWER IMPROVEMENTS, INC.



Principal Place of Business
**1322 PALM DR.
APOPKA FL 32703**

Mailing Address
**1322 PALM DRIVE
APOPKA FL 32703**

2. Principal Place of Business

5411 Kingswood Dr.

Suite, Apt. #, etc.

3. Mailing Address

5411 Kingswood Dr.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32810

Country
USA

City & State
ORLANDO, FL

Zip
32810

Country
USA

4. FEI Number
59-3111708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PLATE, KENNETH J.
1322 PALM DRIVE
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

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

5411 Kingswood Dr.

City

ORLANDO

FL

Zip Code

32810

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
D
NAME
PLATE, KENNETH J.
STREET ADDRESS
1322 PALM DRIVE
CITY-ST-ZIP
APOPKA FL 32703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President
NAME
Kenneth Plate
STREET ADDRESS
5411 Kingswood Dr.
CITY-ST-ZIP
ORLANDO, FL 32810

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 407-948-6467
Date Daytime Phone #

CR2E034 (10/02)