

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90059 001 ***158.75

0319807

DOCUMENT # V46764

1. Entity Name
POWER TEAM, INC.

Principal Place of Business
**4591 W. ATLANTIC AVE.
 DELRAY BEACH FL 32445
 US**

Mailing Address
**4591 W. ATLANTIC AVE.
 DELRAY BEACH FL 32445
 US**

2. Principal Place of Business
600 N Congress
 Suite, Apt. #, etc.
350

3. Mailing Address
600 N Congress
 Suite, Apt. #, etc.
Suite 350

City & State
Delray Beach FL
 Zip
33445
 Country
Palm Beach

City & State
Delray Beach FL
 Zip
33445
 Country
Palm Beach

4. FEI Number **65-0344879**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STONE, JUDY K.
 3201 BLACK OAK CT.
 BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
Same
 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 *Judy K Stone*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/05/2001

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

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-----------|----------------------|---------------------------|-------------------------------|---------------------------------|
| P | STONE, JACK D | 3201 BLACK OAK CT. | BOYNTON BEACH FL 33406 | <input type="checkbox"/> |
| VP | STONE, JUDY K | 3201 BLACK OAK CT. | BOYNTON BEACH FL 33406 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Judy K Stone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/2001

Date

*561
921-0060*

Daytime Phone #

CR2E034 (10/00)