## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **V70184** Jan 27, 2000 8:00 am 1. Entity Name POWERS SERVICE, INC. **Secretary of State** 01-27-2000 90065 023 \*\*\*150.00 Mailing Address Principal Place of Business DRAWER 1119 4235 W. US HIGHWAY 90 LAKE CITY FL 32056-1119 LAKE CITY FL 32055 3. Mailing Address 2. Principal Place of Business (LL9 Drawer 1800 w.us to Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3154941 Lake Ci Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired U-SA Fee Required WS A 32056 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWERS, RALPH F Street Address (P.O. Box Number is Not Acceptable) 4235 W. US HIGHWAY 90 LAKE CITY FL 32055 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. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, DPT TITLE ☐ Change Addition ☐ Delete TITLE POWERS, RALPH F NAME NAME 1800 W. USQO STREET ADDRESS STREET ADDRESS 4235 W. US HIGHWAY 90 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 ☐ Change ☐ Addition ☐ Delete TITLE TITLE POWERS, RALPH M NAME NAME 1800 STREET ADDRESS STREET ADDRESS 4235 W. US HIGHWAY 90 CITY-ST-7IP CITY-ST-ZIP LAKE CITY FL 32055 ☐ Change ☐ Addition TITLE . ☐ Delete TITLE POWERS, HELENA S NAME 1800 W. US 90 STREET ADDRESS STREET ADDRESS 4235 W. US HIGHWAY 90 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 ☐ Addition ☐ Change TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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: REPOSITION PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daysing Proper 8