

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90096 046 ***150.00

0113569

DOCUMENT # P99000069518

1. Entity Name
12EPOWER.COM, INC.

Principal Place of Business

Mailing Address

~~550 FAIRWAY DRIVE~~
~~STE 105A~~
~~DEERFIELD BEACH FL 33441~~

~~610 FEINSODA ASSOC.~~
~~12109 SHERIDAN STREET~~
~~COOPER CITY FL 33026~~

40 B. Kelly

2. Principal Place of Business

7360 NW 62ND TERR

3. Mailing Address

7360 NW 62ND TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PARKLAND, FL

City & State

PARKLAND, FL

4. FEI Number

65-0938653

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

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

KELLY, BROMLEY

~~550 FAIRWAY DRIVE~~

~~STE 105A~~

~~DEERFIELD BEACH FL 33441~~

Name

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

7360 NW 62ND TERRACE

City

PARKLAND

FL

Zip Code

33067

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	PVST			<input type="checkbox"/>
	KELLY, BROMLEY			<input type="checkbox"/>
	550 FAIRWAY DR STE 105A			<input type="checkbox"/>
	DEERFIELD BEACH FL 33441			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	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"/>
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Bromley, Kelly**

Date

[Signature]

Daytime Phone #

954 553-1591

CR2E034 (10/00)