

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90099 015 ***158.75

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DOCUMENT # P00000103209

1. Entity Name
HIGHER POWER ELECTRICAL SYSTEMS INC.

Principal Place of Business
**134 BAOY CIRCLE
 FREEPORT FL 32439**

Mailing Address
**134 BAOY CIRCLE
 FREEPORT FL 32439**

00034486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **134 BAYOU CIRCLE** 3. Mailing Address **134 BAYOU CIRCLE**

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3679929** Applied For Not Applicable

Zip 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

**FARRISH, AUDREY
 804 CHURCHILL BAYOU ROAD
 SANTA ROSA BEACH FL 32459**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P REGA, JOSEPH L 134 BAOY CIRCLE FREEPORT FL 32439	<input type="checkbox"/> Change <input type="checkbox"/> Addition	134 BAYOU CIRCLE
<input type="checkbox"/> Delete	V REGA, LOUISE M 134 BAOY CIRCLE FREEPORT FL 32439	<input type="checkbox"/> Change <input type="checkbox"/> Addition	134 BAYOU CIRCLE
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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: Joseph L. Rega **JOSEPH L. REGA** 4/5/01 (850) 835-0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)