

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90129 022 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P14108

1. Entity Name
POWER PRODUCTS, INC. OF GEORGIA ✓

Principal Place of Business Mailing Address

**4048 I-475 INDUSTRIAL BLVD.
 MACON GA 31210** **P. O. BOX 4845
 MACON GA 31208-4845
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-2237114** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUFFIELD, ROGER W
 15658 51ST DR
 WELLBORN FL 32094**

7. Name and Address of New Registered Agent

Name: **TOM ESCH**

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

140 E. Hilo

City **Naples** State **FL** Zip Code **34113**

8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* **THOMAS J. ESCH** DATE: **1/29/00**

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	RUBBO, WILLIAM B	
STREET ADDRESS	4371 LOCH LOMOND DR	
CITY - ST - ZIP	MACON GA 31206	
TITLE	TC	<input type="checkbox"/> Delete
NAME	KENT, RICHARD J	
STREET ADDRESS	3385 RUSCO ROAD	
CITY - ST - ZIP	KENT CITY MI 49330	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLWOOD, DALE S	
STREET ADDRESS	ROUTE 5 BOX 211	
CITY - ST - ZIP	FORSYTH GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]* Date: **2/24/00** (912) 474-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

William B. Rubbo, President