

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 157073**1. Entity Name  
**ATOMIC POWER INC****FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90253 040 \*\*\*150.00

Principal Place of Business

**C/O BUCKLEY & BLAND  
1322 BRICKELL DRIVE  
FT LAUDERDALE FL 33301**

Mailing Address

**C/O BUCKLEY & BLAND  
1322 BRICKELL DRIVE  
FT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-0633132**Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****FRANCIS K. BUCKLEY  
1322 BRICKELL DRIVE  
FT. LAUDERDALE FL 33301****7. Name and Address of New Registered Agent**

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

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, 2002 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 **DP** ☐ Delete  
NAME **BUCKLEY, FRANCIS K**  
STREET ADDRESS **1322 BRICKELL DRIVE**  
CITY-ST-ZIP **FT LAUD, FL 00000**TITLE **VD** ☐ Delete  
NAME **BUCKLEY, JOHN K**  
STREET ADDRESS **818 SE 4TH STREET APT 303**  
CITY-ST-ZIP **FT LAUDERDALE F**TITLE **SD** ☐ Delete  
NAME **BUCKLEY, MAUREEN**  
STREET ADDRESS **26 PHILIPS ROAD XXXX**  
CITY-ST-ZIP **NATICK MA 01760 XXXXX**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME **Secretary/Director**  
STREET ADDRESS **Maureen Buckley**  
CITY-ST-ZIP **165 Adams Street  
Newton, MA 02458**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2002 (954) 764-7424

Date

Daytime Phone #