## FOR PROFIT CORPORATION

## FILED Apr 29, 2002 8:00 am

DO NOT WRITE IN THIS SPACE  2. Ancepul Places of Declariness 3.5 **To Number of Declariness 3.5 **To Account of Status Declared Of Status Declare	DOCUMENT# 157	744 L	RI (UBR		<b>Secretary of Sta</b>		
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3.579 MW 60 STULE Sole, Apr. 1 (C. Sole, Apr. 1 (C. Sole, Apr. 1 (C. City & Sale Liam F. City & A Liam F. Condor For Relayable For Relayab	1. Entity Name  A+PBattery Supply + Equipment Co				04-29-2002 90149 024 ****130.00		
2. Principal Place of Business 35 90 NW 60 Struct 35 90 NW 60 Struct Suite, Ast 4. etc.  City & Suite Light Fl.  City & Suite Light Fl.  City & Suite Light Fl.  Country 33 14 2 Country 34 Suite North Fl.  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Suite Additional Fee Requirement  North Fl.  Suite Additional Fee Requirement  Suite Additional Fee Require	The state of the s	- Leiden sedt	( O.				
2. Principal Place of Business 35 90 NW 60 Struct 35 90 NW 60 Struct Suite, Ast 4. etc.  City & Suite Light Fl.  City & Suite Light Fl.  City & Suite Light Fl.  Country 33 14 2 Country 34 Suite North Fl.  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Suite Additional Fee Requirement  North Fl.  Suite Additional Fee Requirement  Suite Additional Fee Require							
2. Principal Place of Business 35 90 NW 60 Struct 35 90 NW 60 Struct Suite, Ast 4. etc.  City & Suite Light Fl.  City & Suite Light Fl.  City & Suite Light Fl.  Country 33 14 2 Country 34 Suite North Fl.  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Suite Additional Fee Requirement  North Fl.  Suite Additional Fee Requirement  Suite Additional Fee Require	DO NOT WINE						
3590 M 60 S fr.  Sole, Aut. Feb.  Sole, Aut. Feb.  Sole, Aut. Feb. Sole, Aut.		E IN THIS	SPACE				
Suite. Apt. F. etc.    Suite. Apt. F. etc.   City & State   City & City & State   City & City & State   City & City & State   City & City & City & State   City & Cit	3590 NW 60 CKO. 4	3. Mailing Address	60 01				
Cay & State    Cay & State	Suite, Apt. #, etc.		60 J. P.				
Application of the purpose of changing its registered office or rejectored agent, or both, in the State of Hordan	City & State				DO NOT WRITE IN THIS SPACE		
33/42 County 33/42 County 4 33/42 County 4 5. Certificate of Satur. Desired 58.75 Additional Fee Required  Fee Required  Fee Required  For Name and Address of Current Registered Agent  Name Control File Specifical  Street Address (P.D. Box Number is Not Acceptable)  Light Agents (P.D. Box Number	Miami FI		 F1	14	FEI Number Applied F	or	
DO NOT WRITE IN THIS SPACE  Name To Concentrated Agent  Name To Concentrated Agent Or both, in the State of Florida.  SIGNATURE Agents Specific printed larmer of congressed Agent Agents Agents Agents Agents of Plorida.  SIGNATURE Agents Specific printed larmer of congressed Agent Agents Agents Agents Agents of Plorida.  Name To Concentrated Agent  Name To Concentrated Agent  Name To Concentrated Agent  Name Agents  Na	7in C	Zip	Country			cable	
DO NOT WRITE IN THIS SPACE  Street Actions (P.O. Do Number is Not Acceptable)  17 DO NUMBER OF CONTROL OF CONT		331 Y =L	<u> 1454</u>		Fee Required	_	
IN THIS SPACE  SIGNATURE  SIGNATU		garanta da	Name	- <u>/・</u>			
IN THIS SPACE  THE above named energy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE	DO NOT I	WRITE	Stree	Address (P.O.	Box Number is Not Assessed		
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 J.	IN THIS S	PACE	ĬĨ.	900 B	ISCAYAC Blud		
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    STATE							
SIGNATURE    SIGNATURE   State of Protect Institute of Organization System and East Topication.   NOTE. Registered agent. or both. in the State of Florida.			_ City	Mia	Tip Code		
SIGNATURE    Street   Superance   Superanc	<ol> <li>The above named entity submits this statement</li> </ol>	t for the purpose of changin	g its registered office	or registered a	agent, or both, in the State of Florida.	—	
9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so.  After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 And Cheended URR is \$61.25 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. IT A COLUMN CONTROLL OF A COLUMN CONTROLL OF A COLUMN CONTROLL OF A COLUMN CONTROLL OF A COLUMN C	SIGNATURE LOS 300	ell			4/11/00		
Tax hing requirement and elects to do so.  Atter May 1, Fee is \$55.05  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Cortribution.  11. OFFICERS AND DIRECTORS  11. SIRECT ADDRESS  12. SIRECT ADDRESS  13. SIRECT ADDRESS  14. SIRECT ADDRESS  15. SIRECT ADDRESS  16. SIRECT ADDRESS  17. SIRECT ADRESS  17. SIRECT ADDRESS  17. SIRECT ADDRESS  17. SIRECT ADDRESS	9. This corporation is eligible to satisfy its Intangi	ble January 1	- May 1 Fee is \$1	50.00	OATE		
Make Check Payable to Department of State  THE COULS CREENFACE SINCELLARS SIN	18x hiting requirement and elects to do so.	lay 1, Fee is \$550.( ided UBR is \$61.2)	10	Touch Friend Co. 1			
MINE MANNE STREET ADDRESS STREET ADR	<del></del>	Make Check Pa	yable to Departme	nt of State	Added to Fees	-	
SITER ADDRESS STEP ADDRESS STREET ADDRESS	TILE GOV PD		me	Τ			
TITLE  MARIE ADDRESS TY-SI-ZIP  MI AMI FI 33/42  CITY-SI-ZIP  TITLE  MARE TITL	IME LOUIS Greenfie	ld					
THE JOHN Crechfield THE JOHN Crechfield THE JOHN STREET ADDRESS CITY-ST-ZIP  THE JOHN CREET ADDRESS STREET ADDRESS ST	TV CT 780			]			
THE STREET ADDRESS TY-ST-ZIP  TILE  MAKE  TREET ADDRESS  TY-ST-ZIP  TILE  MAKE  TREET ADDRESS  TY-ST-ZIP  TILE  MAKE  TREET ADDRESS  TY-ST-ZIP  TILE  MAKE  TREET ADDRESS  TY-ST-ZIP  TILE  MAKE  TREET ADDRESS  CITY-ST-ZIP  TILE  MAKE  TREET ADDRESS  CITY-ST-ZIP	ME VSD		<del></del>	<del> </del>			
TITLE  MANE  INCET ADDRESS  TOP-ST-ZIP  TITLE  MANE  INTEST ADDRESS  TOP-ST-ZIP  TOP  TOP  TOP  TOP  TOP  TOP  TOP  T	MARE John Greenfal	d		1		$\neg$	
TITLE MAME  STREET ADDRESS  CITY-ST-7IP  TITLE MAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-7IP  TITLE MAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-7IP  TITLE MAME  STREET ADDRESS  STREET A			STREET ADDRESS			- }	
IREET ADDRESS TY-ST-ZIP  TREET ADDRESS CITY-ST-ZIP  TILE MAKE REET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	- 119M 7-1 5 S	72					
STREET ADDRESS TITY-ST-ZIP TILE MARE TITLE THE MARE TITLE THE MARE TITLE MARE							
TITLE INTHIS SPACE  INTE  INTHIS SPACE  INTH				1	DO MOT 154	- -	
TITLE REET ADDRESS TY-ST-ZIP  TRE REET ADDRESS TY-ST-ZIP  TITLE REET ADDRESS TY-ST-ZIP  TITLE REET ADDRESS TY-ST-ZIP  TITLE REET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE REET					DO NOT WRITE		
SIREET ADDRESS CITY-SI-ZIP  TITLE MAE ME REET ADDRESS PY-SI-ZIP  LE ME	ME :				IN THIS SPACE	$\neg$	
TLE  MAKE  REET ADDRESS  TY-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  MAKE  TITLE  MAKE  MAKE  TITLE  MAKE					III TINO OF ACE		
MRE REET ADDRESS TY-ST-ZIP STREET ADDRESS CITY-ST-ZIP LE MRE MRE MRE NAME STREET ADDRESS CITY-ST-ZIP LTITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS (Y-ST-ZIP)  LE  ME  HAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  HAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP						$\dashv$	
ILE  ME  TITLE  NAME  STEET ADDRESS  STREET ADDRESS  CITY-ST-ZIP							
ME TITLE NAME SEET ADDRESS Y-ST-ZIP CITY-ST-ZIP	<del></del>					j	
REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP	LE		TITLE			$\dashv$	
Y-S1-7IP	unc Í					Į	
						f	

SIGNATURE:

416602

8951284