

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410952

1. Entity Name
BATTERY USA, INC.

Principal Place of Business
1840 SOUTH COMBEE ROAD
LAKELAND FL 33801

Mailing Address
1840 SOUTH COMBEE ROAD
LAKELAND FL 33801

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 59-1425260

Applied For
Not Applicable

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

STANDIFER II, R. THOMAS
1840 SOUTH COMBEE ROAD
LAKELAND FL 33801

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, 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 P ☐ Delete
NAME STANDIFER II, R. THOMAS
STREET ADDRESS 5333 GLENMORE DRIVE
CITY-ST-ZIP LAKELAND, FL 00000

TITLE ☒ Change ☐ Addition
NAME P E D
STREET ADDRESS
CITY-ST-ZIP 33813

TITLE S ☐ Delete
NAME STANDIFER, TAMMY
STREET ADDRESS 5333 GLENMORE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33813

TITLE D ☐ Delete
NAME SENARIK, DANIEL G
STREET ADDRESS 5512 OLD SCOTT LAKE RD
CITY-ST-ZIP LAKELAND, FL 00000

TITLE ☒ Change ☐ Addition
NAME *Spelling -> SENARIK*
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME LAWLESS, JAMES R.
STREET ADDRESS 3737 DOVEHOLLOW DR.
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6315 TIERRA VISTA CIRCLE
CITY-ST-ZIP 33813

TITLE T ☐ Delete
NAME GABREL, JOHN R
STREET ADDRESS 3909 BENT TREE LOOP E
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME *Spelling -> GABEL*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

JOHN R. GABEL

Date

4-27-01 863-665-6317 X827

Daytime Phone #

CR2E034 (10/00)