

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752869

1. Entity Name

YUKAN POWER INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90424 049 ****61.25

Principal Place of Business

1804 LAKEWIND DRIVE
BRANDON FL 33510
US

Mailing Address

1804 LAKEWIND DRIVE
BRANDON FL 33510-2013
US

2. Principal Place of Business

5830 Memorial Hwy.

Suite, Apt. #, etc.

Apt. 1312

City & State

Tampa, FL

Zip
33615

Country
USA

3. Mailing Address

5830 Memorial Hwy

Suite, Apt. #, etc.

Apt. 1312

City & State

Tampa, FL

Zip
33615

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2152245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTMAN, DANIEL
1804 LAKEWIND DRIVE
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

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

5830 Memorial Hwy
Apt 1312

City

Tampa, FL

FL

Zip Code

33615

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

Daniel Whitman Daniel Whitman President

4/21/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
WHITTMAN, DANIEL
1804 LAKEWIND DRIVE
BRANDON FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACGROGAN, SUSAN E
2507 LAKE ELLEN CIRCLE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WHITTMAN, BARBARA
1804 LAKEWIND DRIVE
BRANDON FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5830 Memorial Hwy Apt 1312
Tampa, FL 33615

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

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Whitman Daniel Whitman

4/21/2000

813-885-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)