

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # 752869**1. Entity Name
YUKAN POWER INC.

Principal Place of Business	Mailing Address
5830 MEMORIAL HWY	5830 MEMORIAL HWY
APT 1312	APT 1312
TAMPA	TAMPA
33615	33615
US	US

2. Principal Place of Business	3. Mailing Address
12607 EARLY RUN LANE	12607 EARLY RUN LANE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
RIVERVIEW FL	RIVERVIEW FL

Zip	Country	Zip	Country
33569	US	33569	US

4. FEI Number	Applied For
59-2152245	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITTMAN DANIEL 5830 MEMORIAL HWY APT 1312 TAMPA FL 33615	Name WHITTMAN DANIEL Street Address (P.O. Box Number is Not Acceptable) 12607 EARLY RUN LANE City RIVERVIEW FL Zip Code 33569

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 WHITTMAN	04/27/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Whittman	DPS	04/27/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)