

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001449 AT

DOCUMENT # A96000002179

1. Entity Name

CENTRAL POWER SYSTEMS OF FLORIDA, LTD.

FILED  
02 SEP 30 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1114 W. CASS ST.  
TAMPA FL 33606

Mailing Address

1114 W. CASS ST.  
TAMPA FL 33606

2. Principal Place of Business

4751 Oak Fair Blvd.

Suite, Apt. #, etc.

3. Mailing Address

4751 Oak Fair Blvd.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

Tampa, FL.

City & State

Tampa, FL.

4. FEI Number 59-3411119

Applied For

Not Applicable

Zip

33610

Country

USA

Zip

33610

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARY, MARY BETH M ESQ.  
C/O PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES FL 34108-2709

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$9,900.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$ 9900.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000094952  
NAME FINN ACQUISITIONS, INC.  
STREET ADDRESS 1150 CHESAPEAKE AVE.  
CITY-ST-ZIP COLUMBUS OH 43212

STREET ADDRESS

CITY-ST-ZIP

000008288890--0  
-10/09/02--01063--004  
\*\*\*\*558.75 \*\*\*\*558.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BK

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature REFINI Acquisitions, Inc. 9/25/2002 (813) 626-5447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)