

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>F00000003078</u> 1. Entity Name <u>S&amp;S POWER, INC.</u>				<b>FILED</b> 03 APR -1 AM 8:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business <u>350 W 2500 N</u> Suite, Apt. #, etc.		3. Mailing Address <u>350 W 2500 N</u> Suite, Apt. #, etc.			
City & State <u>LOGAN UT</u>		City & State <u>LOGAN UT</u>		4. FEI Number <u>87-064372</u>	
Zip <u>84341</u> Country <u>CACHE</u>		Zip <u>84341</u> Country <u>CACHE</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent Name <u>CT CORPORATION</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 SOUTH PINE ISLAND RD</u> City <u>PLANTATION</u> <b>FL</b> Zip Code <u>33324</u>	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
				January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE <u>CEO</u> NAME <u>STAN CHECKETTS</u> STREET ADDRESS <u>880 EAST CANYON RD</u> CITY-ST-ZIP <u>PROVIDENCE UT 84332</u>			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <u>COO</u> NAME <u>RICH ALLEN</u> STREET ADDRESS <u>2945 CANYON RIDGE</u> CITY-ST-ZIP <u>NORTH LOGAN UT 84341</u>			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <u>DIRECTOR</u> NAME <u>BOB CRATES</u> STREET ADDRESS <u>1501 WASHINGTON TERRACE</u> CITY-ST-ZIP <u>FT WORTH TX 76107</u>			<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE <u>DIRECTOR</u> NAME <u>KELLY THOMPSON</u> STREET ADDRESS <u>28 VALLEY RIDGE</u> CITY-ST-ZIP <u>FT WORTH TEXAS 76107</u>					
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____					
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Beverly Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>02-27-03</u> <u>435 7521987</u> <small>Date Daytime Phone #</small>		

CR2E034B (12/02)

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