

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90124 008 ***158.75

DOCUMENT # F01000001507

1. Entity Name
NEUTRON POWER, INC.

Principal Place of Business
1703 WATERWATCH DR.
ORLANDO FL 32806

Mailing Address
PO BOX 568983
ORLANDO FL 32856-8983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3698471**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DRASS III, JAMES H
1703 WATERWATCH DRIVE
ORLANDO FL 32806

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, 2002 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 Delete
 NAME **PCDT**
 STREET ADDRESS **GARY, JENNINE L**
 CITY-ST-ZIP **115 MILLS AVENUE**
NORWOOD NJ

TITLE Change Addition
 NAME **VDT**
 STREET ADDRESS **GARY, JENNINE L**
 CITY-ST-ZIP **525 NW 55TH TERRACE**
BOCA RATON FL 33487

TITLE Delete
 NAME **VSD**
 STREET ADDRESS **DRASS III, JAMES H**
 CITY-ST-ZIP **1703 WATERWATCH DRIVE**
ORLANDO FL

TITLE Change Addition
 NAME **PCSD**
 STREET ADDRESS **DRASS III, JAMES H**
 CITY-ST-ZIP **1703 WATERWATCH DRIVE**
ORLANDO FL 32806

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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 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 REQUIRED**
JAMES H DRASS III **04-22-02** **407 859-7202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 MAY 13 2002
 SECRETARY OF STATE
 CR2E034 (9/01)