

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90067 022 \*\*\*158.75

**DOCUMENT # F01000002757**

1. Entity Name

**NEXTGEN POWER SYSTEMS OF NEW JERSEY INC.**

Principal Place of Business

**6025 SOUTH QUEBEC STREET, SUITE 135  
 GREENWOOD VILLAGE CO 80111**

Mailing Address

**6025 SOUTH QUEBEC STREET, SUITE 135  
 GREENWOOD VILLAGE CO 80111**

2. Principal Place of Business

**892 W. Landstreet Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

Zip

**32824**

Country

**USA**

Zip

Country

4. FEI Number

**84-1585728**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

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 **PD**  
 STREET ADDRESS **LECHTANSKI, JOSEPH B.**  
 CITY-ST-ZIP **6025 SOUTH QUEBEC STREET, SUITE 135  
 GREENWOOD VILLAGE CO 80111**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **DENI, JOSEPH D II**  
 CITY-ST-ZIP **1000 MONUMENT STREET  
 PACIFIC PALISADES CA 90272**

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

TITLE ☐ Delete  
 NAME **TCFO**  
 STREET ADDRESS **VON WURMB, CARRIE**  
 CITY-ST-ZIP **6025 SOUTH QUEBEC STREET, SUITE 135  
 GREENWOOD VILLAGE CO 80111**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **KULIK, DAN**  
 CITY-ST-ZIP **7-A SOUTH GOLD DRIVE  
 HAMILTON NJ 08691**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **MCGEARY, BRIAN**  
 CITY-ST-ZIP **7-A SOUTH GOLD DRIVE  
 HAMILTON NJ 08691**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LINHART, RICHARD**  
 CITY-ST-ZIP **245 PARK AVENUE  
 NEW YORK NY 10167**

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

609-890-7200

Daytime Phone #

CR2E034 (9/01)