

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F49930

1. Entity Name

INDUSTRIAL POWER SYSTEMS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90129 013 ***158.75

Principal Place of Business

Mailing Address

3010 POWERS AVENUE
SUITE 16
JACKSONVILLE FL 32207

3010 POWERS AVENUE
SUITE 16
JACKSONVILLE FL 32207-8038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2144273

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

~~KORSEK, STEVEN C~~
217 PONTE VEDRA PK DR
~~BUILDING 100, SUITE 200~~
PONTE VEDRA BCH FL 32082

Name James V. Walker

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

James V. Walker

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, 2000 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 PTS
NAME YOUNG, WILLIAM
STREET ADDRESS 208 ST JOHNS RIVER PL LN
CITY-ST-ZIP JAX FL 32223 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS JACKSONVILLE, FL 32259
CITY-ST-ZIP

TITLE V
NAME STEINBERG, JERRY
STREET ADDRESS 11935 OLD FIELD POINT DR
CITY-ST-ZIP JAX FL 32223 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

904 731 8844

Daytime Phone #

CR2E034 (9/99)