2002 UNIFORM RUSINESS REPORT (UBR)

DOCUMENT # F9600004478 1. Entity Name TARPON POWER, INC.								FII	LED			
•	ENERGIES. IN N AVE. 28TH	c	Mailing Address C/O SITHE ENERGIES. INC 335 MADISON AVE. 28TH FL NEW YORK NY 10017				O2 MAY - 1 AM 11: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Busir	ness	3. Mailing Address						 	Bill Bibli Bibli		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number	13-3905722	ı		oplied For ot Applicable	
Zip	Country		Zip	Country		!	5. Certificate of S	Status Desired		8.75 Adee Require		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
UNITED CORPORATE SERVICES, INC.					Name Street Address (P.O. Box Number is Not Acceptable)							
9200 SOUTH DADELAND BLVD. SUITE 508					Guddina	G, 000 (r	3. Box Hairibar la					
	. 33156-000	00.		City				FL	Zip Cod	e		
8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign 1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) SIGNATURE Make Check Payable to Department							en reinstating)	n the State of Flor on Campaign Fina fund Contribution	DATE		0 May Be	
·		- ·					ADDITIONS (O)	ANOSO TO OFFIC	3550 1115	1050705	2,111.4.4	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 MAD	OFFICERS AND D WILLIAM ISON AVE 28TH FLOOR RK NY 10017	☐ Delete				ADDITIONS/CH	ANGES TO OFFIC		DIRECTOR ☐ Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 MAD	, Sandra J Ison Ave, 28th Floof RK NY 10017	□ Delete				60	00055 -05/14/ ****15	5078 0201 0.00	016(****15	_□Ad¶ition 319 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 MAD	ERG, MARTIN B ISON AVE, 28TH FLOOF RK NY 10017	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 MAD	I, BARRY F ISON AVE, 28TH FL RK NY 10017	☐ Delete						1) Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 MAD	RT, THOMAS ISON AVE, 28TH FL RK NY 10017	☐ Delete						1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW YOR	SON AVE, 28TH FL RK NY 10017	☐ Delete	CITY-	ET ADDRESS ST-ZIP		1.01			□ Change	Addition	
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 PAINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D												