

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 023 ***150.00

DOCUMENT # F96000005675

1. Entity Name

POWER TECHNOLOGIES INC.

Principal Place of Business

Mailing Address

5TH AVE 17TH FLR
 NY 10017

565 5TH AVE 17TH FLR
 NY NY 10017-2431

2. Principal Place of Business

709 ANCHORS ST. NW

Suite, Apt. #, etc.

3. Mailing Address

2600 N. LONGVIEW ST.

Suite, Apt. #, etc.

City & State

FT. WALTON BCH FL

City & State

KILGORE TX

Zip

32548

Country

USA

Zip

75662

Country

USA

4. FEI Number

13-3912162

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BODE, FRIEDHELM	
STREET ADDRESS	565 5TH AVE 17TH FLR	
CITY-ST-ZIP	NY NY 10017	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAEGELE, JACK E.	
STREET ADDRESS	565 5TH AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, STEPHEN	
STREET ADDRESS	565 5TH AVE 17TH FLR	
CITY-ST-ZIP	NY NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, ROBERT B	
STREET ADDRESS	565 5TH AVE 17TH FLR	
CITY-ST-ZIP	NY NY 10017	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GROW, THOMAS	
STREET ADDRESS	709 ANCHORS ST	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANIPE, GARY R.	
STREET ADDRESS	609 S. NEW HOPE RD., STE. 200A	
CITY-ST-ZIP	GASTONIA NC 28054	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOEMAKE, MARVIN	
STREET ADDRESS	609 S. NEW HOPE RD., STE. 200A	
CITY-ST-ZIP	GASTONIA NC 28054	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACH, ANDREW R.	
STREET ADDRESS	609 S. NEW HOPE RD., STE. 200A	
CITY-ST-ZIP	GASTONIA NC 28054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/28/00

Date

704-854-8368

Daytime Phone #

CR2E034 (9/99)