FILED Feb 28, 2000 8:00 am Secretary of State 02-28-2000 90014 042 ***158.75

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007081

1. Entity Name

DOLK	POWER	CD II	INC
PUIK	PUMER	USP II.	INL.

FOLK FOWER OF II, INC.	
Principal Place of Business	Mailing Address
WANTER AND	1125 US 98 SOUTH #100 LAKELAND FL 33801-5845
2. Principal Place of Business 1125 Hwy 98 South	3. Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #, etc.



1125 Hv	Hwy 98 South												
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
Suite 1												anlind For	
City & State			City & State			4. 1	El Number	75-25626	11		<u> </u>	oplied For ot Applicable	
<u>Lakelar</u>	10, FL			T 6									
Zip 33801		Country	Zip Country			5. Certificate of Status Desired				\$8.75 Additional Fee Required			
	6. Name	and Address of Current Req	gistered Agent			7N	leme and A	ddress of New	Register	ed Ag	ent		
					Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)									
	ITATION FL												
					City		f			FL	Zip Coc	le	
9 The above	named entity	y submits this statement for th	e nurnose of changing its	register	ed office or	registered ag	ent or both	in the State of I					
6. The above	named entity	y submits this statement for th	e purpose or changing its	, register	50 011100 01	registered agr	one, or body,	a	ionaa.				
SIGNATURE .	Signature bined	or printed name of registered agent and t	itle d applicable (NOT	F: Registere	d Agent signatu	re required when re	unstating)		DA	ATE.			
	O'griciora, typeo		1										
9. This corpo	oration is elig	ible to satisfy its Intangible	FILE NOW			-	10. Elect	ion Campaign I	Financing		\$5.0)0 Mav Be	
•		and elects to do so.	After MAY 1, 20				1	Fund Contribu	_			d to Fees	
(See criter	ia on back)		Make Check Payal	ole to De	epartment								
11.		OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CI	HANGES TO O	FFICERS	AND D	DIRECTOR	S IN 11	
TITLE	D		☐ Delete	TITLI	E	Conors	.l Man			{	Change	🔀 Addition	
NAME	ATKINS, L	LEE D		NAM	E	Genera Allan	Maye T Man	ayer Smith					
STREET ADDRESS		ODALL RODGERS FREEW	ΆΥ	STRE	ET ADDRESS			South	Chr.	+ ~	100		
CITY-ST-ZIP	DALLAS 1			CITY	-ST-ZIP					LLE	100		
TITI F	DCEO		☐ Delete	TITL		raker e	tna, -r	L_3380	/ 1 — —		Change	Addition	
TITLE .		HAM, JOHN R	TT Dalate	NAM							oago		
NAME	l .	•			ET ADDRESS								
STREET ADDRESS CITY-ST-ZIP	1001 LOU				-ST-ZIP								
		N TX 77 <u>002</u>		_			1						
TITLE	D	A BOUGE I	☐ Delete	TITL			,			i	☐ Change	Addition	
NAME		A, BRUCE J		NAM									
STREET ADDRESS	1001 LOL				ET ADDRESS			•					
CITY-ST-ZIP		N TX 75002		CITY	-ST-ZIP								
TITLE	DP		☐ Delete	TITL	E		•			(Change	Addition	
NAME	MORAN, I	MICHAEL T		NAM	E								
STREET ADDRESS	1616 WO	odall rodgers freew	ΆΥ	STRE	ET ADDRESS								
CITY-ST-ZIP	DALLAS 1	TX 75202		CITY	-ST-ZIP								
TITLE	CFO		☐ Delete	TITL	E					Ī	Change	☐ Addition	
NAME	MILNE. TI	MOTHY M		NAM	E								
STREET ADDRESS	1001 LOL			STRE	ET ADORESS								
CITY-ST-ZIP		N TX 77002		CITY	-ST-ZIP								
TITLE	\$		□ Delete	TITL						1	Change	Addition	
NAME	SCHNOR	BACH, PHILLIP	□ Delete	NAM			-						
STREET ADDRESS		ODALL RODGERS FREEW	ΔV		ET ADDRESS								
CITY-ST-ZIP			^¹ <i></i>		-ST-ZIP								
	DALLAS 1					1	110.0=1=1				41		
13. I hereby o	certify that th	e information supplied with thi	is filing does you auditing for	or the exe	mption stat	ted in Section	119.07(3)(i),	Florida Statute	s. I turthe	r certif	y that the	ntormation	

3. 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

2/2/0

941-682-6338

Daytime Phone #

CH2E034 (9/95