

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90028 048 ***150.00

0016090 AV

DOCUMENT # F99000002061

1. Entity Name
ASCOM ENERGY SYSTEMS, INC.

Principal Place of Business
**1 PINE LAKES PARKWAY NORTH
PALMCOAST FL 32137**

Mailing Address
**1 PINE LAKES PARKWAY NORTH
PALMCOAST FL 32137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3575175**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDCB
HANTILA, ISTO
BELPSTRASSE 37, CH-3000 BERN 14
SWITZERLAND** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MUELLER, BEAT ☒ Change ☐ Addition
name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD8D
ZIMMERMAN, MARKUS
BELPSTRASSE 37, CH-3000 BERN 14
SWITZERLAND** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DEUTSCH, FELIX
BELPSTRASSE 37, CH-3000 BERN 14
SWITZERLAND** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LIVINGSTON, ROBERT
1 PINE LAKES PKWY N
PALM COAST FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO ☒ Change ☐ Addition
title

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RHONEHOUSE, ROBERT D
1 PINE LAKES PKWY N
PALM COAST FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHARLES EDWARDS ☒ Change ☐ Addition
name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RHONEHOUSE, ROBERT D
1 PINE LAKES PKWY N
PALM COAST, FL 32137** ☐ 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)