2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # F99000003845 1. Entity Name 05-06-2002 90284 048 ***150 00 ULTRAWATT SERVICES, INC. Principal Place of Business Mailing Address 6381 METRO PLANTATION ROAD 6381 METRO PLANTATION ROAD FORT MYERS FL 33912 FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1001881 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARRIS, JUDITH A Street Address (P.O. Box Number is Not Acceptable) 6381 METRO PLANTATION ROAD FORT MYERS FL 33912 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO/D TITLE CR2E034 (9/01) □ Detete TITLE X7 Change ☐ Addition NAME YABLONOWSKI, TIMOTHY NAME STREET ADDRESS 6381 METRO PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP **VST** TITLE ☐ Delete TITLE Change Addition PARRIS, JUDITH A NAME NAME STREET ADDRESS 6381 METRO PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME RIERA, ORLANDO M NAME STREET ADDRESS 6381 METRO PLANTATION ROAD STREET ADDRESS CITY-ST-ZIF FORT MYERS FL 33912 CITY-ST-ZIP ☐ Delete C/D TITLE **X** Addition Change NAME NAME BRIODY, JOHN J STREET ADDRESS STREET ADDRESS 6381 METRO PLANTATION ROAD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 TITLE Delete TITLE P/D ☐ Change **★** Addition NAME NAME COLLERAN, MICHAEL C STREET ADDRESS STREET ADDRESS 6381 METRO PLANTATION ROAD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 TITLE ☐ Delete ☐ Change Addition NAME NAME NOTARIANNI, JOSEPH C STREET ADDRESS STREET ADDRESS 6381 METRO PLANTATION ROAD CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in CITY-ST-ZIP

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

with all other like empowe

SIGNATURE:

changed, or on an attachment with an address

239-277-1555

MYERS FL 33912 on 119.07(3)(i), Florida Statutes. I further certify that the information

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Daytime Phone #

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| 2 Principal | I Place of Business | | <u></u> | | | | | | | |
| | | 3. Mailing Address | 3. Mailing Address | | | | 15 50 50 | ** **- | | ,A., |
| Suite, Ap | ot. #, etc. | Suite, Apt. #, etc. | | | | DO NO | OT WRITE IN | THIS SPA | CE | |
| City & Sta | ate | City & State | · · · · · · · · · · · · · · · · · · · | | 4. 1 | FEI Number | | | | Applied For |
| Zip | Country | Zip | Count | itry | | 65-10 | | . \$2 | | Not Applicable |
| | 6. Name and Address of Current | Registered Agent | | <u> </u> | | Certificate of Status De | | ' Fee | Requi | red |
| - DADDIO | | | | Name- | /. N | Name and Address of | New Registe | ered Age | nt | |
| 6381 ME | Judith a Etro Plantation Road Yers FL 33912 | | - - | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
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| | e named entity submits this statement for statement for submits this statement for submits this statement for submits the submits | | | | registered age | | e of Florida. | FL | Zip Co | ode |
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IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

239-277-1555