2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F99000003845 **DOCUMENT #**

1. Entity Name

ULTRAWATT SERVICES, INC.



Apr 22, 2003 8:00 am Secretary of State **FILED**

	ce of Business PLANTATION ROAD FL 33912	Mailing Address 6381 METRO PLANTATION FORT MYERS FL 33912	I ROAD							
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State		4. FEI Number	4. FEI Number 65-1001881					
Zip	Zip Country Zip Count			5. Certificate of Status Desired						
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent						
_		war en en en en e	Name.	Name e						
PARRIS, J	iudith a		Stroot	Street Address (P.O. Box Number is Not Acceptable)						
6381 MET	RO PLANTATION ROAD		Street	daless (1.0. Dox 14011bel	ia Noi Acceptable)		1			
1	ERS FL 33912					<u></u> .				
			City		F	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. I am familiar with, and accept the obligations of registered agent.										
}	••									
SIGNATURE .	Signature, typed or printed name of registered agent ar	MOTE AND A	- Begistered Agent signs	ure required when reinstating)	DAT		 [
		The mapping to the ma		the required when resistating/						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					tion Campaign Financing t Fund Contribution.		May Be to Fees			
10.	OFFICERS AND I	DIRECTORS	11.		HANGES TO OFFICERS A		SIN 11			
TITLE	CEO ~	☐ Delete	TITLE	P/D , ;		🟝 Change	☐ Addition			
NAME	YABLONOWSKI, TIMOTHY		NAME .	YABLONOWSKI, TIMOTHY						
STREET ADDRESS	6381 METRO PLANTATION ROAD		STREET ADDRESS	6381 METRO PL		•	ì			
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	FORT MYERS FL	33912					
TITLE	vst '	☐ Delete	TITLE			Change	Addition			
NAME	PARRIS, JUDITH A		NAME				.			
STREET ADDRESS	6381 METRO PLANTATION ROAD		STREET ADDRESS	[. [
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP			·				
TITLE	D	☐ Delete	TITLE			Change	☐ Addition			
NAME	RIERĄ, ORLANDO M.	سانهين مصناي الداراتيان	NAME ∋		· prop - To a		""			
STREET ADDRESS	6381 METRO PLANTATION ROAD		STREET ADDRESS	ļ						
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP							
TITLE	CD	Delete	TITLE	CEO		☐ Change	Addition			
NAME	BRIODY, JOHN J		NAME	WENDT, GARY	ANMANTON SOIT		Ì			
STREET ADDRESS	6381 METRO PLANTATION RD.		STREET ADDRESS	6381 METRO PL			ĺ			
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	FORT MYERS FL	33912					
TITLE	PD	Delete	TITLE	D		🔼 Change	☐ Addition			
NAME	COLLERAN, MICHAEL C		NAME	COLLERAN, MIC]			
STREET ADDRESS	6381 METRO PLANTATION RD.		STREET ADDRESS	6381 METRO PL						
CITY-ST-ZIP	FORT MYERS FL 33917		CITY-ST-ZIP	FORT MYERS FL	33912					
TITLE NAME	IV IMOTARIANNI, JOSEPH C	∑ Delete	TITLE NAME			☐ Change	☐ Addition			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 6381 METRO PLANTATION RD.

FORT MYERS FL 33912

Judith [A Parris

4-17-03

239-277-1555

Daytime Phone #

Attachment **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F99000003845

1. Entity Name

JLTRAWATT SERVICES, INC.



Principal Place of Business 6381 METRO PLANTATION ROAD FORT MYERS FL 33912		6381 METRO	Mailing Address 6381 METRO PLANTATION ROAD FORT MYERS FL 33912			90100	104		
2. Principal	Place of Business	3. Mailing Ad	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc			CHECK HERE IF MAKING CHANGES			
City & State		City & Stat	City & State		4.	FEI Number 65-1001881	65-1001881 Applied For Not Applied blo		
Zip	Country	Zip	Zip Country		5.	Certificate of Status Desired		\$8.75 Ac	dditional
	6. Name and Addre	ss of Current Registered Age	ent	T	7. 1	Name and Address of New R	legistered		
**		<u></u>		Name					
	IUDITH A TRO PLANTATION ROA ERS FL 33912	AD		Street Add	dress (P.O. B	lox Number is Not Acceptable	2)		
				City			FL	Zip Coo	de
The above	named entity submits the tions of registered agent.	is statement for the purpose of	changing its regist	ered office or re	egistered ag	ent, or both, in the State of Flo	orida. I am	familiar with	and accept
3IGNATURE	Supplying lyinged or strated privile	of registered agent and tale if applicable		cred Agent signature			DAIE		
Afte Make Chec	ILE NOW!!! FEE IS r May 1, 2003 Fee will k Payable to Florida D	be \$550.00 cepartment of State				Election Campaign Fin Trust Fund Contribution .	n.	Adde	00 May Be d to Fees
	<u>inued from Pag</u> D	ECERS AND DIRECTORS		<u>1.</u>	AD	DITIONS/CHANGES TO OFF	ICERS AND		
TITLE	HOLLAND, EARL	. P		ITLE				☐ Change	Addition
STREET ADDRESS SITY-ST-ZIP	6381 METRO PLANTA FORT MYERS FL 339	ATION ROAD	s	AME TREET ADDRESS ITY-ST-ZIP					
ITLE IAME STREET ADDRESS DITY-SY-ZIP	D MUELLER, DAVI 6381 METRO PLANTA	d R Ation road	N. Si	TLE AME TREET ADDRESS				☐ Change	Adoition
TITLE NAME STREET ADDRESS	D BARRETT, DAVI 6381 METRO PLANTA	D M ATION ROAD	Delete TI	TLE AME TREET ADDRESS				Change	Addition
CITY-ST-ZIP TITLE	FORT MYERS FL 339		Delete II	TLE				☐ Change	Addition
NAME STREET ADDRESS SITY-ST-ZIP			ST	ame Treet address Ty-st-zip					
ATTLE NAME STREET ADDRESS SITY-SY-ZIP	-		N/ Si	TLE AME TREET ADDRESS TY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			NA ST	TLE AME REET ADDRESS TY-ST-ZIP				☐ Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Judith A. Parris

4-17-03

239-277-1555

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phore #