

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2000 90091 011 ***150.00

DOCUMENT # K10408

1. Entity Name
STORAGE POWER, INC.

Principal Place of Business 6900 PHILLIPS HWY., SUITE 11 JACKSONVILLE FL 32216	Mailing Address 6900 PHILLIPS HWY., SUITE 11 JACKSONVILLE FL 32216-6057
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2. Principal Place of Business 6950 Phillips Hwy Suite, Apt. #, etc. Suite 15 City & State Jacksonville, FL Zip 32216	Country Duval	3. Mailing Address 6950 Phillips Hwy Suite, Apt. #, etc. Suite 15 City & State Jacksonville, FL Zip 32216	Country Duval
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2866447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCIA M MORALES-HOWARD MAGUIRE, WOODS, BATTLE & BOOTHE BARNETT CENTER, SUITE 2750, 50 N LAURA ST JACKSONVILLE FL 32202	7. Name and Address of New Registered Agent Name Marcia M. Howard Street Address (P.O. Box Number is Not Acceptable) Maguire, Woods, Battle & Boothe 3300 Barnett Center, 50 N Laura St. City Jacksonville, FL Zip Code 32201
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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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, RICARDO JR 6900 PHILLIPS HWY. #11 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, COLLIN W. L. 116 LAUREL CT PONTE VEDRA BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, T. FITCH I 6900 PHILLIPS HWY. STE 11 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: R. Morales, Jr. **SIGNATURE REQUIRED 3/30/2000** (904) 296-3232
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)