

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90296 037 ****50.00

DOCUMENT # L 00000015379

1. Entity Name

Excelpower, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Longwood

3. Mailing Address

PO Box 915378

Suite, Apt. #, etc.

Suite, Apt. #, etc.

516 Summit Ridge #200

City & State

City & State

Longwood FL

Longwood FL

Zip

Country

Zip

Country

32779 Seminole

32791 Seminole

DO NOT WRITE IN THIS SPACE

4. FFL Number

59-3712225

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert S. Jamieson

Street Address (P.O. Box Number is Not Acceptable)

516 Summit Ridge PL #200

City

Longwood

FL

32779

**DO NOT WRITE
IN THIS SPACE**

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.

6/18/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

MANAGING MEMBERS/MANAGERS

LE ME REET ADDRESS Y-ST-ZIP	President Robert S. Jamieson 516 Summit Ridge PL #200 Longwood FL 32779
LE ME REET ADDRESS Y-ST-ZIP	Vice President Gloria Jamieson 516 Summit Ridge PL #200 Longwood FL 32779
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IN THIS SPACE**

CR2E083B (12/01)

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Robert S. Jamieson

6/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE