

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90038 041 ****50.00

DOCUMENT # L01000007333

1. Entity Name

~~DRIVEPOWER TECHNOLOGIES, L.L.C.~~

AMASCO, LLC



Principal Place of Business

103 CENTURY 21 DRIVE, SUITE 201
JACKSONVILLE FL 32216

Mailing Address

103 CENTURY 21 DRIVE, SUITE 201
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3715619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULVIHILL, PADRAIC E

103 CENTURY 21 DRIVE, SUITE 201
JACKSONVILLE FL 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MULVIHILL, PADRAIC E
STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE MGRM ☐ Delete
NAME JOHNSON, JAMES R
STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE MGRM ☐ Delete
NAME ~~SMITH, PATRICIA O~~
STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE MGRM ☒ Change ☐ Addition
NAME SMITH, PATRICIA D
STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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:

Signature of Mulvihill

4/21/03

904.725.9700

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

Date

Daytime Phone #

CR2E083 (10/02)