

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000516

1. Entity Name
POWER TECH (USA) LLC

Principal Place of Business
1591 E. ATLANTIC BLVD., STE. 200
POMPANO BEACH FL 33060

Mailing Address
1591 E. ATLANTIC BLVD., STE. 200
POMPANO BEACH FL 33060-6748

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

NOT APPLICABLE

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

INTERNATIONAL COMPANY SERVICES (USA) INC.
1591 E. ATLANTIC BLVD., STE. 200
POMPANO BEACH FL 33060

Name
Carlton Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1591 East Atlantic Blvd.
Suite 200

City
Pompano Beach, FL Zip Code
33060

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003258391--5
-05/18/00--01134--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WINDER, PAUL TRUSTEE
PRIVATE INVESTMENT TRUST, SOVEREIGN HOUSE
BRITISH ISLES IMA 2AJ ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MURPHY, EILISH
POWER TECH EUROPE LIMITED, 56 FITZWILLIAM
DUBLIN 2, IRELAND ☐ Delete

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

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)