

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

0001576 AF

DOCUMENT # **L99000003814**

1. Entity Name  
**ADVANCED POWER CONTROLS, LLC**

00 APR 13 PM 4: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1841 BARRETT DRIVE  
ROCKLEDGE FL 32955**

Mailing Address  
**P.O. BOX 561088  
ROCKLEDGE FL 32956-1088**



2. Principal Place of Business  
**255 MANOR DRIVE  
UNIT # 3  
MERRITT ISLAND FL**

3. Mailing Address  
**P.O. BOX 540488  
MERRITT ISLAND, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3582867**

Applied For  
 Not Applicable

Zip  
**32952** Country **USA**

Zip  
**32954-0488** Country **USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAMPBELL, KEVIN  
1100 REDWOOD ROAD  
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

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.

SIGNATURE *[Signature]* **KEVIN CAMPBELL** **16 APR 00**

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**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	CAMPBELL, KEVIN		
	1100 REDWOOD ROAD		
	MERRITT ISLAND FL 32952		
MGR	CAMPBELL, GRETCHEN		
	1100 REDWOOD ROAD		
	MERRITT ISLAND FL 32952		

TITLE	NAME	TITLE	NAME

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]* **KEVIN CAMPBELL** **16 APR 00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)