

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0027908
AF

DOCUMENT # **L99000003814**

1. Entity Name

ADVANCED POWER CONTROLS, LLC

01 FEB -5 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~255 MANOR DR. UNIT #3~~
~~MERRITT ISLAND FL 32952~~

PO BOX 540488
MERRITT ISLAND FL 32954



2. Principal Place of Business

3. Mailing Address

3401 N. COURTENAY PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 4B

DO NOT WRITE IN THIS SPACE

City & State

City & State

MERRITT ISLAND

4. FEI Number

59-3582867

Applied For

Not Applicable

Zip

Country

Zip

Country

32953

USA

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

CAMPBELL, KEVIN
1100 REDWOOD ROAD
MERRITT ISLAND FL 32952

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]
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

200003675082--4
-02/12/01--01142--015
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR CAMPBELL, KEVIN**
STREET ADDRESS **255 MANOR DR., #3** **3401 N. Courtenay Pkwy, Unit 4B**
CITY-ST-ZIP **MERRITT ISLAND FL 32952** **Merritt Island, FL 32953**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR CAMPBELL, GRETCHEN** **3401 N. Courtenay Pkwy, Unit 4B**
STREET ADDRESS **255 MANOR DR., #3** **Merritt Island, FL 32953**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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Change Addition
TITLE
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]* **SIGNATURE REQUIRED**

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

1/31/01

Date

321-452-4404

Daytime Phone #

CR2E083 (11/00)