

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M82467**

i. Entity Name

GLOBAL POWER RESOURCES, INC.**FILED**
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90087 020 ***150.00

Principal Place of Business

Mailing Address

SE CR 346
MICANOPY FL 32667P.O. BOX 1065
MICANOPY FL 32667-1065**C0001531**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-3268020**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MESSER, JOE W.
7710 SE CR 346
MICANOPY FL 32667****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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	PO	<input type="checkbox"/> Delete
NAME	MESSER, JOE W	
STREET ADDRESS	RT 2 BOX 246	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MESSER, JANET Z	
STREET ADDRESS	RT 2 BOX 246	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:****Janet Z. Messer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000

352-466-0888
Daytime Phone #

CR2E034 (9/99)