

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000001626**

1. Entity Name

**COMMUNICATIONS ARTS POWER SOURCE, INC.****FILED****Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90131 046 \*\*\*\*61.25

0095577

Principal Place of Business

**1200 GLORY WAY BLVD.  
BRADENTON FL 34202**

Mailing Address

**1200 GLORY WAY BLVD.  
BRADENTON FL 34202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0410703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DERSTINE, PHILIP G  
1200 GLORY WAY BLVD  
BRADENTON FL 34202**

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete**PD  
DERSTINE, PHILIP  
1200 GLORY WAY BLVD  
BRADENTON FL**TITLE NAME ☐ Delete**S  
LEE, CHRISTINA  
305 CHAUBCEY AVE.  
BRADENTON FL 34208**TITLE NAME ☐ Delete**VD  
MARSHALL, MARTY  
13518 -3RD AVE N.E.  
BRADENTON FL 34202**TITLE NAME ☐ Delete**T  
BENHAM, KATHY  
1200 GLORY WAY BLVD  
BRADENTON FL 34202**TITLE NAME ☐ Delete**D  
LEE, RICK  
305 CHAUNCEY AVE  
BRADENTON FL 34208**TITLE NAME ☐ Delete**D  
DUNN, RICHARD  
4523 -28TH AVE DR. E.  
BRADENTON FL 34208**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (9/01)