

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000021034**1. Entity Name
ALBERPOWER, INC.

Principal Place of Business

990 SOUTH ROGERS CIRCLE

BOCA RATON

33487

FL

Mailing Address

990 SOUTH ROGERS CIRCLE

BOCA RATON

33487

FL

2. Principal Place of Business

11306 STRANG LINE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LENEXA

KS

City & State

Zip

66215

Country

Zip

Country

4. FEI Number

48-1227116

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBER GLEN
990 SOUTH ROGERS CIRCLE

BOCA RATON

33487

FL

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 **GLENN ALBER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR.		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALBER DEREK DIRECT			
STREET ADDRESS	7371 WEXFORD TERRACE			
CITY-ST-ZIP	BOCA RATON FL 33433			
TITLE	MR.		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALBER GLENN DIRECT			
STREET ADDRESS	995 NW 6TH ST			
CITY-ST-ZIP	BOCA RATON FL 33486			
TITLE	MR.		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARTFIEL MARK ASEC/TRS			
STREET ADDRESS	1009 NE KENWOOD DR			
CITY-ST-ZIP	LEE'S SUMMIT MO 64064			
TITLE	MR.		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAFTER EDWARD PPRES.			
STREET ADDRESS	11323 GRANDVIEW			
CITY-ST-ZIP	OVERLAND PARK KS 66210			
TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: **Glenn Alber**

Mr.

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)