

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90010 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021034

1. Entity Name

Alberpower, Inc.

DO NOT WRITE IN THIS SPACE

54016255

2. Principal Place of Business
11306 Strang Line Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lenexa, KS

City & State

4. FEI Number
48-1227116

Applied For
☐ **Not Applicable**

Zip 66215 **Country**

Zip **Country**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Glen Alber

Street Address (P.O. Box Number is Not Acceptable)

990 South Rogers Circle

City Boca Raton **FL** **Zip Code** 33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$51.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME Derek Alber, Director
STREET ADDRESS 7371 Wesford Terrace
CITY-ST-ZIP Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Edward Rafter, President
STREET ADDRESS 11323 Grandview
CITY-ST-ZIP Overland Park, KS 66210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Mark Hartfiel, Secretary/Treasurer
STREET ADDRESS 1009 NE Kenwood Drive
CITY-ST-ZIP Lees Summit, MO 64064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Glenn Alber, Director
STREET ADDRESS 995 NW 6th Street
CITY-ST-ZIP Boca Raton, FL 33486

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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 607, Florida Statutes; and that my name appears in Block 10 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 #