

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90011 009 \*\*\*150.00

**DOCUMENT # P00000049349**

1. Entity Name

UNIPOWER CORPORATION



Principal Place of Business

3900 CORAL RIDGE DR.  
CORAL SPRINGS FL 33065

Mailing Address

3900 CORAL RIDGE DR.  
CORAL SPRINGS FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0080704

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS FL 33410

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME PALMER, CHARLES  
STREET ADDRESS 312 S.E. 17TH STREET, STE. 300  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE PD ☐ Delete  
NAME MERINO, JOSE  
STREET ADDRESS 3900 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE STD ☐ Delete  
NAME FLETCHER, RAYMOND  
STREET ADDRESS 312 S.E. 17TH STREET, STE. 300  
CITY-ST-ZIP FT. LAUDERDALE FL 33016

TITLE D ☐ Delete  
NAME BERGONIA, R. DAVID  
STREET ADDRESS 125 S. LASALLE STREET, STE. 4000  
CITY-ST-ZIP CHICAGO IL 60603

TITLE D ☐ Delete  
NAME UNDERWOOD, ROBERT  
STREET ADDRESS 125 S. LASALLE STREET, STE. 4000  
CITY-ST-ZIP CHICAGO IL 60603

TITLE D ☐ Delete  
NAME SCHNEIDER, EDWARD  
STREET ADDRESS 3900 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME BIANCA G. Pucci  
STREET ADDRESS 3900 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☒ Addition  
NAME F. JAY HESS VP. OF OPERATIONS  
STREET ADDRESS 3900 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☒ Addition  
NAME MARK HART VP. OF SALES  
STREET ADDRESS 3900 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☒ Addition  
NAME DALE GUILFORD VP. OF SALES  
STREET ADDRESS 3900 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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

2-1-06

346 2442

Date

Daytime Phone #