

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

0191960 AV

04-16-2003 90248 042 ***150.00

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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
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **65-0080704** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
TEAM 1
PLANTATION FL 33324**

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]* DATE **1/7/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP | CD PALMER, CHARLES 312 S.E. 17TH STREET, STE. 300 FT. LAUDERDALE FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MERINO, JOSE 3900 CORAL RIDGE DR. CORAL SPRINGS FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FLEITES, RAYMOND 312 S.E. 17TH STREET, STE. 300 FT. LAUDERDALE FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGONIA, R. DAVID 125 S. LASALLE STREET, STE. 4000 CHICAGO IL 60603 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D UNDERWOOD, ROBERT 125 S. LASALLE STREET, STE. 4000 CHICAGO IL 60603 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHNEIDER, EDWARD 3900 CORAL RIDGE DR. CORAL SPRINGS FL 33065 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BIANCA G. PUCCI CFO 3900 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. OF OPERATION FRANK J. HESS 3900 CORAL RIDGE DR CORAL SPRINGS FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. OF SALES Dale Guilford 3900 Coral Ridge Dr Coral Springs, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET 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 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]* **REQUIRE** DATE: **1/7/03** DAYTIME PHONE #: **954 346-2442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)