

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000077804**1. Entity Name  
SOUTHERN POWER SOLUTIONS, INC.Principal Place of Business  
7037 WILLOW RUN LOOP  
LAKELAND FL 33813  
Mailing Address  
P.O. BOX 7695  
LAKELAND FL 338132. Principal Place of Business  
7037 WILLOW RUN LOOP  
3. Mailing Address  
P.O. BOX 7695

Suite, Apt. #, etc.

City & State  
LAKELAND FL  
City & State  
LAKELAND FLZip  
33813  
Country  
US  
Zip  
33807  
Country  
US4. FEI Number  
**65-1033972**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL GABLES FL 33134  
US**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 \_\_\_\_\_ **04/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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  
NAME  
SVD  
TURGEON ANDREW C  
STREET ADDRESS  
7037 WILLOW RUN LOOP  
CITY-ST-ZIP  
LAKELAND FL 33813 ☐ DeleteTITLE  
NAME  
PTD  
TURGEON KATHLEEN J  
STREET ADDRESS  
7037 WILLOW RUN LOOP  
CITY-ST-ZIP  
LAKELAND FL 33813 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET ADDRESS  
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NAME ☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ AdditionSTREET 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: KATHLEEN J. TURGEON**

PTD 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)