

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110303

1. Entity Name  
POWER QUALITY SOLUTIONS, INC.

Principal Place of Business  
1583 EAST SILVER STAR RD. #195  
OCOCEE FL 34761

Mailing Address  
1583 EAST SILVER STAR RD. #195  
OCOCEE FL 34761

2. Principal Place of Business  
1583 East Silver Star Rd  
Suite, Apt. #, etc.  
195  
City & State  
Ocoee, FL  
Zip  
34761  
Country  
USA

3. Mailing Address  
1583 East Silver Star Rd  
Suite, Apt. #, etc.  
195  
City & State  
Ocoee, FL  
Zip  
34761  
Country  
USA

REINSTATEMENT

4. FEI Number  
59-3645528

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

6. Name and Address of Current Registered Agent  
~~HODGES, STEPHANIE~~  
~~9104 LAKE LOTTA CIRCLE~~  
~~GOTHA FL 34734~~

7. Name and Address of New Registered Agent  
Name  
Brenda L. Emond  
Street Address (P.O. Box Number is Not Acceptable)  
1583 East Silver Star Rd  
# 195  
City  
Ocoee, FL  
FL Zip Code  
34761

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

LS

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	Registered Agent Stephanie Hodges 9104 Lake Lotta Circle Gotha, FL 34734	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent President Brenda L. Emond 1583 East Silver Star Rd. Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brenda L. Emond  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (407) 295-8233

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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