

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90706 050 ***150.00

DOCUMENT # P00000110303

1. Entity Name

POWER QUALITY SOLUTIONS, INC.

Principal Place of Business

**1583 EAST SILVER STAR RD. #195
OCOE FL 34761**

Mailing Address

**1583 EAST SILVER STAR RD. #195
OCOE FL 34761**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3645528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EMOND, BRENDA L
1583 EAST SILVER STAR ROAD
#195
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name **Thompson, Brenda L.** married 10-17-01.
Street Address (P.O. Box Number is Not Acceptable) **Change last name.**

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 **Brenda L. Thompson**

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

(NOTE: Registered Agent signature required when reinstating)

4-2-02

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 \$150.00
After May 1, 2002 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 **P** ☐ Delete
NAME **EMOND, BRENDA L**
STREET ADDRESS **1583 EAST SILVER STAR ROAD**
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Thompson (last name only)**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **Brenda L. Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

(407) 295 8233

Daytime Phone #

CR2E034 (9/01)

Attachment
P000000110203
7.63657

CERTIFICATION OF VITAL RECORD

DOUGLAS COUNTY, NEVADA
CERTIFIED ABSTRACT OF MARRIAGE

Groom: THOMPSON, RICK DALE

Bride: EMOND, BRENDA LEA

Date of Marriage: OCTOBER 17th, 2001

Recorded: OCTOBER 22nd, 2001

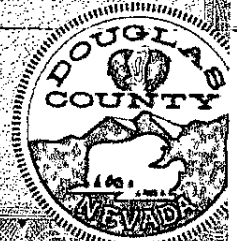
Certificate: 0196957 Book: 1001 Page: 00184

This is to certify that this document is a true abstract of the
marriage record filed with the County Recorder of Douglas County, Nevada.

Linda Slater
Douglas County Recorder

This copy is not valid unless prepared on engraved form,
impressed with the raised seal of the Douglas County Recorder.

ANY ALTERATION OR ERASURE VOIDSTHIS CERTIFICATE



D065591