

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90140 031 ***150.00

DOCUMENT # P00000117881

1. Entity Name

KERBOLT POWER SYSTEMS INC.

Principal Place of Business

22294 SW 62 AVE
 BOCA RATON FL 33428

Mailing Address

22294 SW 62 AVE
 BOCA RATON FL 33428

2. Principal Place of Business

1123 SW 1st Way

Suite, Apt. #, etc.

3. Mailing Address

1123 SW 1st Way

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERR, ERIK J
 22294 SW 62 AVE
 BOCA RATON FL 33428

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

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

(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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME KERR, ERIK J
 STREET ADDRESS 22294 SW 62 AVE
 CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE STD ☐ Delete
 NAME BOLTON, JOBY M
 STREET ADDRESS 9614 STONES RIVER PKWY
 CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joby Bolton 4/25/01

561-901-6192

CR2E034 (10/00)