

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 02, 2003 8:00 am  
Secretary of State

09-02-2003 90178 023 \*\*\*158.75

UNITED STATES OF AMERICA

DOCUMENT # P01000078512

1. Entity Name  
STORM POWER PRODUCTS, INC.



Principal Place of Business  
4301 WOODLAND PARK DR.  
MELBOURNE FL 32904  
US

Mailing Address  
4301 WOODLAND PARK DR.  
MELBOURNE FL 32904  
US



75-3106849

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

Zip Country

Zip Country

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

SLAUGHTER, HENRY G

~~1975 STIRLING ROAD (NORTH BAY)~~  
~~DANIA BEACH FL 33004~~

4301 Woodland Pk DR  
MELBOURNE FL 32904

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 Henry G. Slaughter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SLAUGHTER, HENRY G 1975 STIRLING ROAD (NORTH BAY) DANIA BEACH FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WEINER, MARK 1975 STIRLING ROAD (NORTH BAY) DANIA BEACH FL 33004	<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	PSD WIENER, MARK 4301 WOODLAND PARK DRIVE UNIT 103 MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SLAUGHTER, HENRY G 4301 WOODLAND PARK DRIVE UNIT 103 MELBOURNE, FL 32904	<input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Henry G. Slaughter V.P. Date Aug 28, '03 (954) 873-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



ATTACHMENT  
# P01000078512

80142278

August 28, 2003

Division of Corporations  
Uniform Business Reports Filings  
PO Box 1500  
Tallahassee, FL 32302

Re: Document number P01000078512

To whom it may concern,

We have incorrectly received a late filing notice for our 2003 uniform business report filing. This is the first notice that we received from your office. Therefore we respectfully request a waiver of the late filing fee.

Enclosed is a check in the amount of \$158.75, which covers the costs of the filing fee and certificate of status request.

Very truly yours,

Henry G. Slaughter  
Vice President