

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90081 005 ***150.00

1/29/02 AV

DOCUMENT # P01000081230

1. Entity Name
G.E.C. POWER CORPORATION

Principal Place of Business

**468 CAPRI CT.
 MARCO ISLAND FL 34145**

Mailing Address

**468 CAPRI CT.
 MARCO ISLAND FL 34145**

2. Principal Place of Business

468 CAPRI CT.

3. Mailing Address

468 CAPRI CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARCO IS. FL.

City & State
MARCO IS. FL.

4. FEI Number
59-374 2337

Applied For
 Not Applicable

Zip
34145

Country
COLOMBIA

Zip
34145

Country
COLOMBIA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ZWERIN, JEFF
 468 CAPRI CT.
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name
JEFF ZWERIN
 Street Address (P.O. Box Number is Not Acceptable)
468 CAPRI CT.
 City
MARCO IS. FL Zip Code
34145

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWERIN, JEFF 468 CAPRI CT. MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 my address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02 941-642-7100

CR2E034 (9/01)