## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2002 8:00 am Secretary of State **DOCUMENT #** P01000086218 1. Entity Name STATIONARY POWER INTERNATIONAL, INC. 05-08-2002 90012 050 \*\*\*150 00 Principal Place of Business Mailing Address 3985 GATEWAY CENTRE BOULEVARD 3985 GATEWAY CENTRE BOULEVARD SUITE 170 **SUITE 170** PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete DDE ☐ Change NAME ☐ Addition CR2E034 (9/01 MAHER, WILLIAM J NAME STREET ADDRESS 3985 GATEWAY CENTRE BOULEVARD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Foss, Edwin R NAME STREET ADDRESS 3985 GATEWAY CENTRE BOULEVARD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition ROSS, KRISTIE NAME STREET ADDRESS 3985 GATEWAY CENTRE BOULEVARD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #