

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90491 033 \*\*\*158.75

**DOCUMENT # P01000102609**

1. Entity Name  
**EMERGING POWER, INC.**

Principal Place of Business

**1471 SANDALWOOD PLACE  
 CORONA CA 92880-1257**

Mailing Address

**1471 SANDALWOOD PLACE  
 CORONA CA 92880-1257**

2. Principal Place of Business

**12383 Doherty St**  
 Suite, Apt. #, etc.

3. Mailing Address

**12383 Doherty St**  
 Suite, Apt. #, etc.

City & State

**Riverside, CA**

City & State

**Riverside, CA**

4. FEI Number

**58-2656714**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS  
 103 N. MERIDIAN ST., LOWER LEVEL  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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  **SHIRLEY NAKAWATASE, Secretary 3/15/02**  
 (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, STEPHEN F</b>	
STREET ADDRESS	<b>1471 SANDALWOOD PLACE</b>	
CITY-ST-ZIP	<b>CORONA CA 92880-1257</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sullivan, Stephen F</b>	
STREET ADDRESS	<b>1471 Sandalwood Place</b>	
CITY-ST-ZIP	<b>CORONA, CA 92880-1257</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sullivan, Stephen F</b>	
STREET ADDRESS	<b>1471 Sandalwood Place</b>	
CITY-ST-ZIP	<b>CORONA, CA 92880-1257</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAKAWATASE, Shirley</b>	
STREET ADDRESS	<b>923 Seacoast Drive</b>	
CITY-ST-ZIP	<b>Imperial Beach, CA 91932</b>	
TITLE	<b>Sec/Treas</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAKAWATASE, Shirley</b>	
STREET ADDRESS	<b>923 Seacoast Drive</b>	
CITY-ST-ZIP	<b>Imperial Beach, CA 91932</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAKAWATASE, Shirley</b>	
STREET ADDRESS	<b>923 Seacoast Drive</b>	
CITY-ST-ZIP	<b>Imperial Beach, CA 91932</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SHIRLEY NAKAWATASE 909.549.8521**  
 SECRETARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0616120 AT

CR2E034 (9/01)