

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90230 016 ***150.00

DOCUMENT # P01000106745

1. Entity Name
VHPOWER, INC.



Principal Place of Business
**695 ROCHESTER ST
OVIEDO FL 32765-8164**

Mailing Address
**695 ROCHESTER ST
OVIEDO FL 32765-8164**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3754998

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

**LO PASSO, TERESA
695 ROCHESTER ST
OVIEDO FL 32765-8164**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	ROSELLINI, STEFANO	
STREET ADDRESS	695 ROCHESTER ST	
CITY-ST-ZIP	OVIEDO FL 32765-8164	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSMANN, VOLKER	
STREET ADDRESS	FERDINAND-PORSCHE STER 45	
CITY-ST-ZIP	FRANKFURT AM/MAIN GR 60348	
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	M/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSELLINI, STEFANO	
STREET ADDRESS	695 ROCHESTER ST.	
CITY-ST-ZIP	OVIEDO, FL 32765-8164	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMANN, VOLKER	
STREET ADDRESS	FERDINAND-PORSCHE ST. 45	
CITY-ST-ZIP	FRANKFURT AM/MAIN GR 60348	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITT, GUNTER	
STREET ADDRESS	FERDINAND-PORSCHE ST. 45	
CITY-ST-ZIP	FRANKFURT AM/MAIN GR 60348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stefano Rosellini** **RE STEFANO D. ROSELLINI**

1/15/2003

407 923 8656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #