

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90056 025 \*\*\*150.00

**DOCUMENT # P02000014940**

**1. Entity Name**  
**DESIGN POWER INC.**



**Principal Place of Business**  
1349 N STATE ROAD 7  
NORTH LAUDERDALE FL 33068

**Mailing Address**  
1349 N STATE ROAD 7  
NORTH LAUDERDALE FL 33068



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

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**

**MULLINGS, LASCELLES**  
5601 N.W. 54 LANE  
TAMARAC FL 33319

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 true 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**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	MULLINGS, SONIA	
<b>STREET ADDRESS</b>	5601 NW 54 LANE	
<b>CITY-ST-ZIP</b>	TAMARAC FL 33319	
<b>TITLE</b>	VD	<input type="checkbox"/> Delete
<b>NAME</b>	MULLINGS, LASCELLES	
<b>STREET ADDRESS</b>	5601 NW 54 LANE	
<b>CITY-ST-ZIP</b>	TAMARAC FL 33319	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MULLINGS SONIA	
<b>STREET ADDRESS</b>	14735 68th ST N.	
<b>CITY-ST-ZIP</b>	LOXEHOTCHEE FL 33470	
<b>TITLE</b>	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MULLINGS LASCELLES	
<b>STREET ADDRESS</b>	14735 68th ST. N.	
<b>CITY-ST-ZIP</b>	LOXEHOTCHEE FL 33470	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*SIGNATURE REPRODUCED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/03  
Date

Daytime Phone #

CR2E034 (10/02)