

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90106 033 ***150.00

DOCUMENT # P02000015621

1. Entity Name
HI-POWER, INC.



Principal Place of Business
~~8369 BLIND PASS ROAD~~
~~ST PETERSBURG FL 33708~~

Mailing Address
~~8369 BLIND PASS ROAD~~
~~ST PETERSBURG FL 33708~~

2. Principal Place of Business

1908 Arrowhead Dr NE
Suite, Apt. #, etc.

3. Mailing Address

1908 Arrowhead Dr NE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
St Petersburg, FL 33703

City & State
St Petersburg, FL

4. FEI Number
45-0468594

Applied For
Not Applicable

Zip Country
33703 USA

Zip Country
33703 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, TODD
810 63 AVE NORTH
ST PETERSBURG FL 33702

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. 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

TITLE ~~President~~ ☐ Delete
NAME ~~Gregory F. Baden~~
STREET ADDRESS ~~1908 Arrowhead Dr NE~~
CITY-ST-ZIP ~~St Petersburg, FL 33703~~

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~ ☐ Change ☐ Addition
NAME ~~Gregory F. Baden~~
STREET ADDRESS ~~1908 Arrowhead Dr NE~~
CITY-ST-ZIP ~~St Petersburg, FL 33703~~

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03 727-360-6573

Date Daytime Phone #

CR2E034 (10/02)