## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 05, 2003 8:00 am Secretary of State

DOCUMENT # P02000024276  1. Entity Name ADJUSTABLE POWER INC.					05-05-2003 91902 001 ***150.00	
Principat Plac 2366 DEERCH VIERA FL 325		Mailing Address 2366 DEERCROFT DR VIERA FL 32940				
2. Principal F	Place of Business	3. Mailing Address		· ·	-	I RICHI ROCKO CHIR IDON
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			CHECK HERE IF MAKING CHAN	GES
City & Stat	te	City & State			4. FEI Number 61 - 1408036	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry		Additional
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent	
ب— . دکارت دران کار دراند		ار سام ارواد المعارض «م <del>عرب در استان ارسام در</del>		Name	: 	
LAWYER, 2366 DEE	ERIC ERCROFT DR			Street Address	(P.O. Box Number is Not Acceptable)	
VIERA FL	32940					
<u></u>	· · · · · · · · · · · · · · · · · · ·			City		Code
the obligat	e named entity submits this statement lions of registered agent.	for the purpose of changing its	registen	ed office or registe	red agent, or both, in the State of Florida. I am familiar	with, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable; (NOT	E: Registere	od Agent signature required	i when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					5.00 May Be dded to Fees
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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 Irustee 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:

SIGNATURE:

SIGNATURE AND PRECOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat