

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90163 011 ***158.75

DOCUMENT # P02000095210

1. Entity Name
WILL POWER, INC.



Principal Place of Business
**10069 N. FLORIDA AVENUE
SUITE B3
TAMPA FL 33612**

Mailing Address
**10069 N. FLORIDA AVENUE
SUITE B3
TAMPA FL 33612**



2. Principal Place of Business

10069 N. Florida ave

3. Mailing Address

10069 N. Florida ave

Suite/Apt. #, etc.

B-3

Suite/Apt. #, etc.

B-3

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

4. FEI Number

06-1648076

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBINSON, ROOSEVELT J
10069 N. FLORIDA AVENUE
SUITE B3
TAMPA FL 33612**

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 **P** ☐ Delete
NAME **ROBINSON, ROOSEVELT J**
STREET ADDRESS **10069 N. FLORIDA AVENUE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **V** ☐ Delete
NAME **ROBINSON, ANGELA C**
STREET ADDRESS **10069 N. FLORIDA AVENUE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

813-935-4411

Daytime Phone #

CR2E034 (10/02)