

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91508 036 ***158.75

DOCUMENT # P02000100117

1. Entity Name
FORMOSO POWER COMPANY



Principal Place of Business
205 N. 10 AVE.
WAUCHULA FL 33873

Mailing Address
P.O. BOX 1663
ZOLFO SPRINGS FL 33890

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

27-0022730

☒ **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

FORMOSO, MANUEL A
205 N. 10 AVE.
WAUCHULA FL 33873

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

Manuel A Formoso *Manuel A. Formoso* *1-10-2003*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRES.	FORMOSO, MANUEL A.	205 N. 10 AVE	WAUCHULA, FL 33873	<input type="checkbox"/>
VICE PRES.	Manuel Formoso	205 N. 10th AVE	Wauchula, FL 33873	<input type="checkbox"/>
SECRETARY	Yvette Savery	1075 Knollwood Cir.	Wauchula, FL 33893	<input type="checkbox"/>
OFFICE ADMINISTRATOR	OETHA M. Formoso	205 N. 10th Ave	Wauchula, FL 33873	<input type="checkbox"/>
DIRECTOR OF OPERATIONS	Joe Garcia	1033 SW 31st Ct.	Miami, FL 33135	<input type="checkbox"/>
FIELD SUPERINTENDANT	Juan J. Calves	10419 Kankakee Lane	Liverpool, FL 33548	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Manuel A. Formoso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-03 (813) 767-0135

CR2E034 (10/02)