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OOG	JME	NT #	P93	3000	0031	1906	3	

1. Entity Name	ENT # P9300 WINDPOWER, INC.	00031906					
Principal Place of B	lusiness	Mailing Address					
1414 SWANN AVE STE 201 TAMPA FL 33606 US		1414 SWANN AVE STE 201 TAMPA FL 33606 US					
2. Principal Place of	of Business	3. Mailing Address					
Suite, Apt. #, etc	<u>-</u>	Suite, Apt. #, etc.		-			
City & State		City & State	·				
Zip	Country	Zip	_	Country			
6.	Name and Address of Cu	rrent Registered Agent					
GORDON,		Name MAL					

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90214 047 ***158.75

Sule. Apt 4, etc. Suite. Apt 5, etc. DO NOT Writte In This SPACE Applied For Applie	1414 SWANN A STE 201 TAMPA FL 336 US		1414 SWANN AVE STE 201 TAMPA FL 33606 US					(1 6 18 88 4 18 1	 1111 1111 1111		l 11 810 18 111 e t	: !\ 6 1 \\\ 1 10 \	
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S. Hame and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (IP O. Brox Number is Not Acceptable). Street Address (IP O. Brox	City & Stat	te	City & State	City & State			FEI Numbe	59-3°	183907				7
SIGNATURE SIGNATURE 9. This corporation is eligibito to safety its Internation is eligibito to	Zip	Country	Zip	Count	у	5. (Certificate	of Status D	esired]
GORDON, BRUCE H SHUMAKER LOOP & KENDRICK 101 E. KENNEDY BLUD., \$2500 TAMPA FL 33602 City Tampt FL Zer Code 3 3/6 6 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. SIGNATURE Signature, fixed or pring purpose pring programs (NOTE Registered after or office or registered agent, or both, in the State of Florida. Signature, fixed or pring purpose pring programs (NOTE Registered after or office or registered agent, or both, in the State of Florida. Signature, fixed or pring purpose pring programs (NOTE Registered after or office or registered agent, or both, in the State of Florida. Signature that the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, fixed or pring purpose pring prin		6. Name and Address of Current	Registered Agent			7. 1	Name and	Address o	f New Regi:	stered A	gent		1
Street Address (P.O. Box Number is Not Acceptable). Street Address (P.O. Box Number is Not Acceptable). Late Address (P.O. Box Number is Not Acceptable). Late Address (P.O. Box Number is Not Acceptable). Late Apple FL Zeo Code Standard Tree Summer and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, tree or plengtarmy purpose of part Ref (P.O. Box Number is Not Acceptable). Signature Tree Summer and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Tree Summer and elected to de so. (See critaria on back) Signature Tree Summer and elected to de so. (See critaria on back) True Fund Contribution. Sp.00 May be added to February Address (P.O. Box Number is Not Acceptable). FLE North State of Florida. Chy Tnn pt FL Zeo Code Address (P.O. Box Number is Not Acceptable). The Summer and State of Florida. Signature Tree State of Florida. Signature	000				Name //	ALCO	LM	HAR	eis				l
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TAMPA FL 33602 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE				-	1414	<u> </u>	INN	AUE,	1 5017	TE	201		4
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Application Ap				L									1
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Application Ap				[City TA	MOA				FL	Zip Cod	66	ĺ
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	8. The above	named entity submits this statement for	the purpose of changing its	s registered			ent, or both	h, in the Sta	ite of Florida	i.	- ها در دخه ا		1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		101011	. 1, 1								1.1.		
9. This corporation is eligible to satisfy its integrity in the properties of the pr	SIGNATURE .	M/ C Han	W. P.	E. Bosislarod	A neat signature re	novived when se	oigototing\			<u>S/</u>	<u>// 0</u>		
Tax filing requirement and elects to do so. (See criterion on back) Alter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		Signature, typed or printed parties strayts are a spaint a	<u> </u>			equired when re	ematating)		-	DATE			-
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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 trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. WILLIAM

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR