

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0598473 AT

DOCUMENT # P93000052369

1. Entity Name

INDUSTRIAL POWER SERVICES, INC.

02-20-2002 90005 039 ***150.00

Principal Place of Business

**16921 ROCKRIDGE RD
 POLK CITY FL 33868
 US**

Mailing Address

**16921 ROCKRIDGE RD
 POLK CITY FL 33868
 US**

00021003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3197871

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ADAIR, DOROTHY D.
 16921 ROCK RIDGE RD
 POLK CITY FL 33868**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P: ADAIR, ROBIN A
 STREET ADDRESS **16921 ROCK RIDGE RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

TITLE NAME ☐ Delete
S ADAIR, DOROTHY
 STREET ADDRESS **16921 ROCK RIDGE RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Robin Adair

Date

Daytime Phone #

CR2E034 (9/01)