

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066508

1. Entity Name

INTERNAL POWER, INC.

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90269 026 \*\*\*150.00

Principal Place of Business

551-5555 CHICKASAW TRAIL  
ORLANDO FL 32825  
US

Mailing Address

13833 WATER HOUSE WAY  
ORLANDO F 32828  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3197114

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

METZGER, MICHAEL J  
13833 WATERHOUSE WAY  
ORLANDO FL 32828

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, 2001 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 P  
NAME METZGER, MICHAEL  
STREET ADDRESS 13833 WATERHOUSE WAY  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME Pmetzger, michael  
STREET ADDRESS 13151 Royal Fern Dr  
CITY-ST-ZIP ORL FL 32828 ☐ Change ☐ Addition

TITLE VP  
NAME KUSIAK, FRANK  
STREET ADDRESS 13833 WATERHOUSE WAY  
CITY-ST-ZIP ORLANDO-FL ☐ Delete

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

TITLE ST.  
NAME KUSIAK, TONI  
STREET ADDRESS 13833 WATERHOUSE WAY  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01  
Date

407-382-8888  
Daytime Phone #

CR2E034 (10/00)