2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P94000043559 CONSOLIDATED POWER CONSULTANTS, INC. 03-22-2000 90079 037 ***150.00 Principal Place of Business Mailing Address 1111 THIRD AVE W 1111 THIRD AVE W SUITE 140 SUITE 140 しいいせんいいき BRADENTON FL 34205 BRADENTON FL 34205-6702 2. Principal Place of Business 3. Mailing Address 1401 Manatee Avenue West 1401 Manatee Avenue West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 520 Suite 520 Applied For City & State City & State 4. FEi Number 65-0510976 Bradenton, FL Not Applicable Bradenton, FL Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34205 USA 34205 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURRELL, FREDERICK J Street Address (P.O. Box Number is Not Acceptable) 1401 Manatee Avenue West 1111 THIRD AVE W SUITE 140 Suite 520 **BRADENTON FL 34205** City Bradenton Zip Code 34205 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE DP K] Change Addition TITLE Delete NAME MURRELL, FREDERICK J NAME MURRELL, FREDERICK J STREET ADDRESS 1111 THIRD AVE W. SUITE 140 STREET ADDRESS 1401 MANATEE AVENUE WEST SUITE 520 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** BRADENTON FL 34205 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Frederick J. Murrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L

941-746-0978

Date

1/10/00

Daytime Phone #