

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90214 023 ***158.75

DOCUMENT # P95000001314

1. Entity Name

VOLTAGE LTD., INC.

Principal Place of Business

Mailing Address

**6810 DANAH CT
 FT MYERS FL 33908**

**C/O PRAGER & FENTON
 675 THIRD AVE., 9TH FLOOR
 NEWYORK NY 10017-5704
 US**

2. Principal Place of Business

11361 LONGWATER CHASE, CT.

3. Mailing Address **C/O PRAGER & FENTON**

675 THIRD AVE., 3RD FLOOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

NEW YORK, NY

4. FEI Number

65-0551768

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

10017

Country

USA

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

**WILLIAMS, CLIFF
 6810 DANAH CT
 FT MYERS FL 33908**

Name
WILLIAMS, CLIFF

Street Address (P.O. Box Number is Not Acceptable)
11361 LONGWATER CHASE CT.

City
FORT MYERS

FL

Zip Code
33908

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)

4-26-00

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, 2000 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 ☐ Delete
 NAME **D WILLIAMS, CLIFF**
 STREET ADDRESS **6810 DANAH CT**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☒ Change ☐ Addition
 NAME **WILLIAMS, CLIFF**
 STREET ADDRESS **11361 LONGWATER CHASE CT.**
 CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
 NAME **O HANDWERKER, ALVIN**
 STREET ADDRESS **675 THIRD AVENUE**
 CITY-ST-ZIP **NEW YORK NY 10017**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIN HANDWERKER 4-27-00

Date

Daytime Phone #