

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001314

1. Entity Name
VOLTAGE LTD., INC.

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

02-20-2002 90164 049 ***158.75

Principal Place of Business
11361 LONGWATER CHASE CT
FT MYERS FL 33908

Mailing Address
C/O PRAGER & FENTON
675 THIRD AVE., 9TH FLOOR
NEWYORK NY 10017
US

2. Principal Place of Business
11481 COMPASS POINT DR.
Suite, Apt. #, etc.

3. Mailing Address
C/O PRAGER & FENTON
Suite, Apt. #, etc.
675 THIRD AVE., 3RD FLOOR



DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS FL
Zip
33908
Country
USA

City & State
NEWYORK NY
Zip
10017
Country
USA

4. FEI Number 65-0551768
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, CLIFF
11361 LONGWATER CHASE CT
FT MYERS FL 33908

7. Name and Address of New Registered Agent
Name
CLIFF WILLIAMS
Street Address (P.O. Box Number is Not Acceptable)
11481 COMPASS POINT DR.
City
FT 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)

2/01/02
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

1. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WILLIAMS, CLIFF 11361 LONGWATER CHASE CT FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete O HANDWERKER, ALVIN 675 THIRD AVENUE NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D WILLIAMS, CLIFF 11481 COMPASS POINT DR. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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, Sec. 1-29-02 (212) 472-7555

Date

Daytime Phone #

CR2E034 (9/01)