2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P95000001314

Mailing Address

3. Mailing Address

C/O PRAGER & FENTON

675 THIRD AVE., 9TH FLOOR NEWYORK NY 10017

1. Entity Name

VOLTAGE LTD., INC.

Principal Place of Business

11481 COMPASS POINT DR FT MYERS FL 33908

2. Principal Place of Business



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90156 007 ***150.00

PUBLIANS



		c/o Prager & Fenton					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 675 Third Ave., 3 rd Floor		☐ CHEC	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State - New-York, NY		4. FEI Number 65-0	FEI Number 65-0551768		
Zip	Country	Zip 10017	Country USA	5. Certificate of Status		Not Applicable . 75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address	of New Registered Agen	ıt .	
				Name			
WILLIAMS, CLIFF				Street Address (P.O. Box Number is Not Acceptable)			
11481 COMPAS POINT DR							
FT MYERS FL 33908						ļ	
·				City FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or reg	stered agent, or both, in the S	tate of Florida. 1 am famili	ar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Can Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN 11	
TITLE ,, NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CLIFF 11481 COMPASS POINT DR FORT MYERS FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HANDWERKER, ALVIN 675 THIRD AVENUE NEW YORK NY 10017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with the	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Continue 110 07/0\(\text{C}\) Ft. 11		Change Addition	

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

SIGNATURE:

2<u>12-972-7555</u>