

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2000 08:00 AM****Secretary of State****DOCUMENT # P95000039985****1. Entity Name**

POWER GENERATION ASSOCIATES, INC.

Principal Place of Business**Mailing Address**C/O KENNETH F. STENROOS
3340 RIDGE LANE
BOYNTON BEACH
33435

FL

C/O KENNETH F. STENROOS
3340 RIDGE LANE
BOYNTON BEACH
33435

FL

2. Principal Place of Business

C/O KENNETH F. STENROOS

3. Mailing Address

C/O KENNETH F. STENROOS

Suite, Apt. #, etc.

2750 SEACREST BLVD

Suite, Apt. #, etc.

250 SEACREST BLVD

City & State

DELRAY BEACH

FL

City & State

DELRAY BEACH

FL

Zip
33444**Country****Zip**
33444**Country****4. FEI Number****65-0589910****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWENZEL CHRISTINE A
3340 RIDGE LANEBOYNTON BEACH
33435

FL

7. Name and Address of New Registered Agent**Name**

WENZEL CHRISTINE A

Street Address (P.O. Box Number is Not Acceptable)

2750 SEACREST BLVD

City
DELRAY BEACH**FL****Zip Code**
33444**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)

01/10/2000

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	WENZEL CHRISTINE A	
STREET ADDRESS	3340 RIDGE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	D	<input type="checkbox"/> Delete
NAME	STENROOS KENNETH F	
STREET ADDRESS	3340 RIDGE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WENZEL CHRISTINE A		
STREET ADDRESS	2750 SEACREST BLVD		
CITY-ST-ZIP	DELRAY BEACH FL 33444		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STENROOS KENNETH F		
STREET ADDRESS	2750 SEACREST BLVD		
CITY-ST-ZIP	DELRAY BEACH FL 33444		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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** Kenneth Stenroos

Pres. 01/10/2000