

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90148 037 \*\*\*150.00

**DOCUMENT # P96000004182**

1. Entity Name  
**STATIONARY POWER SERVICES, INC.**

Principal Place of Business Mailing Address  
**14770A 62ND STREET NORTH 14770A 62ND STREET NORTH**  
**CLEARWATER FL 34620 CLEARWATER FL 33782-6110**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**3985 GATEWAY CENTRE BLVD 3985 GATEWAY CENTRE BLVD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**180 180**

City & State City & State  
**PINELLAS PARK FL PINELLAS PARK FL**

Zip Country Zip Country  
**33782 PINELLAS 33782 PINELLAS**

4. FEI Number **59-3359764** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MAHER, WILLIAM**  
**14770A 62ND STREET NORTH**  
**CLEARWATER FL 34620**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3985 GATEWAY CENTRE BLVD #180**  
 City **PINELLAS PARK FL** Zip Code **33782**

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]* DATE **1/10/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAHER, WILLIAM J.</b>	
STREET ADDRESS	<b>525 TALLAHASSEE DRIVE N.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	<b>S, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT FINANCE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALICIA M CONROYD</b>	
STREET ADDRESS	<b>436 21ST AVE NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33704</b>	
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: *[Signature]* **ALICIA M CONROYD** **1/7/00** **728-535-8847**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)