

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004182

1. Entity Name

STATIONARY POWER SERVICES, INC.

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

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

Principal Place of Business

Mailing Address

14770A 62ND STREET NORTH  
CLEARWATER FL 34620

14770A 62ND STREET NORTH  
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

7. Name and Address of New Registered Agent

MAHER, WILLIAM

14770A 62ND STREET NORTH  
CLEARWATER FL 34620

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	MAHER, WILLIAM J.	
STREET ADDRESS	525 TALLAHASSEE DRIVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICIA M CONROYD	
STREET ADDRESS	436 21ST AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
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:

*Alicia M Conroyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALICIA M CONROYD 1/7/00 728-535-8847

CR2E034 (9/99)