

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90006 015 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013145

1. Corporation Name

UNIQUE POWER CONCEPTS, INC.



Principal Place of Business

% US ASSEMBLIES CORAL SPRINGS
12175 NW 39TH STREET
CORAL SPRINGS FL 33065

Mailing Address

% US ASSEMBLIES CORAL SPRINGS
12175 NW 39TH STREET
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number

16-1496178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **1498 N.W. 3rd St**
Suite, Apt. #, etc.
22 **DEERFIELD BEACH, FL**
City & State

2a. Mailing Address

26 **320 N. JENSEN RD.**
Suite, Apt. #, etc.
27
City & State

28 **VESTAL, N.Y.**

Zip

29 **13850**

Country

30 **BRADENTON**

23 **33442**

24 **33442**

25

26

27

28

29

30

9. Name and Address of Current Registered Agent

DAVIS, LAWRENCE E
% US ASSEMBLIES CORAL SPRINGS
12175 NW 39TH STREET
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name **USA IF. % L.E. DAVIS**
82 Street Address (P.O. Box Number is Not Acceptable)
1498 N.W. 3rd St.
83 **DE**
84 City **DEERFIELD BEACH** FL 85 Zip Code **33442**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

L.E. DAVIS
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DAVIS, LAWRENCE E**
STREET ADDRESS **320 NORTH JENSEN ROAD**
CITY-ST-ZIP **VESTAL NY 13850**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

L.E. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 **607 729-8973**
Date Daytime Phone #

CR2E034 (5/99)