2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90229 050 ***150.00

DOCUMENT # P96000023373

1. Entity Name

PROTERRA, INC.

Principal Place of Business	Mailing Address
3315 PERIMETER ROAD PALM CITY FL 34990 US	3315 PERIMETER RD PALM CITY FL 34990-4916 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
298 SW Panther Trace	298 SW Panther Trace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt St. Lucie Fla	City & State: Pt St. Lucie Fla
Zip: 34953 Country:	Zip: 34953 Country:

4. FEI Number 65-0648605 ☐ 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
~~PENNY~~, STEVEN L P.A. 2081 E OCEAN BLVD STUART FL 34996	Name: Steven L. Perry Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	D SOVEREL, MARK 3315 PERIMETER ROAD PALM CITY FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 298 SW Panther Trace Pt St. Lucie Fl 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS SOVEREL, BRET 3315 PERIMETER RD PALM CITY FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 298 SW Panther Trace Pt St Lucie Fl 34953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________________ 4-11-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #