## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P96000023373** 1. Entity Name PROTERRA, INC. 04-18-2000 90229 050 \*\*\*150.00 Principal Place of Business Mailing Address 3315 PERIMETER ROAD 3315 PERIMETER RD PALM CITY FL 34990-4916 PALM CITY FL 34990 . . . . . . . . . . . . . US 3. Mailing Address 2. Principal Place of Business Panther Trake Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0648605 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name even PENNY, STEVEN L P.A. Street Address (P.O. Box Number is Not Acceptable) 2081 E OCEAN BLVD STUART FL 34996 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE SOVEREL, MARK NAME NAME SW fanther Trace St. Lucie Fl 34953 3315 PERIMETER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 **DPVS** TITLE TITLE □ Delete SOVEREL, BRET NAME NAME STREET ADDRESS 3315 PERIMETER RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/5 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusted employees that 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 ke empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #