

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024824

1. Entity Name

PS POWER SOLUTIONS INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90006 048 ***150.00

Principal Place of Business

Mailing Address

11988 MEADOWVIEW DR. SO.
JACKSONVILLE FL 32225-1698
US

11988 MEADOWVIEW DR. SO.
JACKSONVILLE FL 32225-1698
US

2. Principal Place of Business

105 DOMINICA WAY
Suite, Apt. #, etc.

3. Mailing Address

105 DOMINICA WAY
Suite, Apt. #, etc.

City & State

NICEVILLE, FL
Zip Country
32578-4067 US

City & State

NICEVILLE, FL
Zip Country
32578-4067 US

4. FEI Number

58-2232464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

THOMAS W. BUTCHER
Street Address (P.O. Box Number is Not Acceptable)

105 DOMINICA WAY

City

NICEVILLE

FL

Zip Code

32578-4067

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)

04-15-2000

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

TITLE ☐ Delete
NAME D BUTCHER, THOMAS W
STREET ADDRESS 11988 MEADOWVIEW DR. S.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Delete
NAME D BUTCHER, MARY P
STREET ADDRESS 11988 MEADOWVIEW DR. S.
CITY-ST-ZIP JACKSONVILLE FL 32277

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D THOMAS W. BUTCHER
STREET ADDRESS 105 DOMINICA WAY
CITY-ST-ZIP NICEVILLE, FL 32578-4067

TITLE ☒ Change ☐ Addition
NAME D BUTCHER, MARY P
STREET ADDRESS 105 DOMINICA WAY
CITY-ST-ZIP NICEVILLE, FL 32578-4067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-2000

Date

850-987-6781

Daytime Phone #

C:\2E034 (9/99)