FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024824

1. Entity Name

P S Power Solutions Inc.

DO NOT WRITE IN THIS SPACE

B0064437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
105 Dominica Way Suite, Apt. #, etc.	105 Dominica Way Suite, Apt. #, etc.	58-2232464 ☐ Applied For ☐ Not Applicable
City & State: Niceville, FL	City & State: Niceville, FL	
Zip: 32578-4067 Country: USA	Zip: 32578-4067 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/T
NAME	Thomas W. Butcher
STREET ADDRESS	105 Dominica Way
CITY-ST-ZIP	Niceville, FL 32578-4067
TITLE	V/S
NAME	Mary P. Butcher
STREET ADDRESS	105 Dominica Way
CITY-ST-ZIP	Niceville, FL 32578-4067
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas W. Butcher 03-31-02 850-654-4447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #